

FEAR OF DEATH, PSYCHOLOGICAL WELLBEING AND WORK PERFORMANCE IN YOUNG DOCTORS



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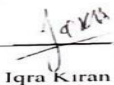
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CERTIFICATE OF APPROVAL

It is certified that the Research Thesis titled Association between Fear of Death, Psychological Wellbeing and Work Performance in young doctors carried out by Aaima Javed, Bsp201027 under the supervision of Mam Iqra Kiran, Capital University of Science & Technology, Islamabad, is fully adequate, in scope and in quality, as a Research Thesis for the degree of BS Psychology.

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Fear of Death, Psychological Wellbeing and Work Performance in Young Doctors

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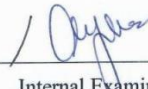
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It is declared that this is an original piece of my own work, except where otherwise acknowledged in text and references. This work has not been submitted in any form for another degree or diploma at any university or other institution for tertiary education and shall not be submitted by me in future for obtaining any degree from this or any other University or Institution.

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Abstract

This study aims to explore the association between Fear of Death, Psychological Wellbeing and Work Performances of young doctors in Pakistan. A purposive sampling method was utilized to collect data from 230 doctors of age range 24-35 years. Three instruments were employed for data collection: Revised Collet Lester Fear of Death Scale (CL_FOD) to assess fear of death, Warwick Edinburgh Mental Wellbeing Scale (WEMWS) to assess psychological wellbeing and Utrecht Work Engagement (UWES) Scale to measure Work performance. A cross-sectional survey design was used to investigate the variables, including correlation analysis, was conducted using SPSS software. Results show Correlational analysis indicated a significant negative correlation between Fear of Death and Psychological Wellbeing ($r = -0.5$, $p < .05$). Higher levels of Fear of Death may increase susceptibility to Psychological Wellbeing and Work performance, as doctors may struggle to manage emotions effectively. The results of this study will make a substantial contribution to the body of knowledge already available on the mental health and performance of young physicians by providing information that could help develop more focused interventions and support systems. Healthcare facilities and medical education programs can design strategies to improve young doctors' resilience and overall effectiveness by knowing the effects of fear of death on psychological wellbeing and work performance. This will ultimately improve patient care and ensure the safety of the healthcare workforce.

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Chapter #01

Introduction

Human beings face different fears in life depending on life experiences. Some fears are so intense that they become hurdles and interfere with a person's mental health affecting their daily work and cognitions. Fear of death is an emotional response to the idea of one's own mortality and can manifest in varieties of ways i.e. affecting individual psychological wellbeing and daily life activities. Fear of death can have negative consequences on individuals' cognitions affecting their psychological wellbeing (Solomon et al., 2015).

The many facets of the fear of death have been illuminated through psychological studies. According to the terror management hypothesis, which was created by (Solomon, Greenberg, and Pyszczynski, 2015). They stated that people use cultural worldviews and psychological defense mechanisms to manage existential distress and maintain a sense of purpose in the face of mortality. According to this hypothesis, human motivation is driven by a dread of dying, which shapes behaviors and attitudes.

Prevalence

In recent years, increased awareness about the frequency of fear related to the death of young doctors has been of great focus, which has provided insight into their psychological health and coping strategies. Study published in 2019, Thompson and his

colleagues investigated a sample of early-career physicians' experiences with death dread and found some interesting patterns. The results of the study revealed that a noteworthy segment of junior physicians expressed fear of death, underscoring the necessity of therapies and interventions aimed at resolving their psychological issues. To lessen the negative effects of death anxiety on young doctors' general wellbeing, the study also stressed the significance of putting in place support networks and mental health resources designed with their needs in mind (Thompson et al., 2019).

Fear of death affects the psychological health of people. It has seen people significantly decline their psychological well being because of fear of death due to which their work performance and daily life functioning also gets affected drastically. The importance of researching young doctors' psychological health has grown, and studies like the thorough analysis conducted by Davis and colleagues (2021) offer insightful information. The study shed light on the complex dimensions of psychological well-being among early-career physicians through a cross-sectional analysis that identified possible areas for improvement as well as obstacles. The results showed that many young physicians experienced different degrees of psychological pressure that ultimately affected their psychological well being. Three major factors were found to be responsible for the reported psychological challenges: the difficult nature of medical school, the strain of providing patient care, and the frequently stressful work environment (Davis et al., 2021). Studies looking at the frequency of problems with work performance among physicians have revealed

serious issues for the field. According to a cross-sectional study by Anderson et al. (2021), over 40% of physicians in their early careers said they had trouble continuing to perform their best at work due to the fear that they might not be good enough as other doctors that can result in any damage to patients and even death. These difficulties were because of heavy workloads, time restraints, and the pressure of making crucial decisions. In hectic healthcare settings. The study made clear that in order to address these problems and improve young doctors' overall job performance, specialized interventions are required.

Fear of Death

Many people experience fear when they consider dying of themselves and of someone because of them. Everybody has a different fear, and our experiences, feelings, and thoughts can all have an impact. While some people might find solace in their relationships or beliefs, others might experience anxiety at the thought of not existing. Since our fears are influenced by our personalities, thoughts, and life experiences, no two people have the same fear of death. Our attitudes toward death are also greatly influenced by culture and society, as evidenced by the ways in which relationships, social norms, and religion shape our beliefs. The purpose of this study is to investigate why people have varying perspectives on death and how these perspectives may affect our relationships and mental health (Smith et al., 2007).

The psychological effects of the fear of dying have benefited greatly from

empirical investigation. According to studies, the psychological health of an individual is impacted by death anxiety, a particular form of the fear of dying, which is linked to a number of psychological phenomena such as heightened existential suffering. (Lynne Cooper's et al., 2011). They indicated that people with larger death fears have higher degrees of psychological pressure and cognitive problems.

The fear of dying can also have a significant impact on how people behave. It has the power to influence people's attitudes, decisions, and motives. For instance, a person's fear of dying may lead them to extreme exhaustion affecting their mental health. (Greenberg et al., 2008).

Knowing how young doctors deal with and experience fear of death is crucial because the practice of medicine involves the constant realization that death is a part of life and that the quest of healing frequently coexists with it. Their mental health is essential for their own resilience and sense of fulfillment as future healthcare stewards, as well as for the standard of patient care they deliver (Sheindy et al., 2016).

Studies have revealed that fear of death is not a single, universal concept, but rather takes on various forms that are shaped by personal, cultural, and societal factors (Neimeyer et al., 2004). Young physicians who are about to enter the medical field struggle with existential issues, moral conundrums, and the unyielding demands of their line of work. Their ability to deal with their fear of dying can have a big impact on their mental well-being, productivity at work, and ultimately, the patient-doctor dynamic.

The emotional health of people might be affected by their fear related to death. According to Lehto and Stein (2009), work stress brought on by intense cognitive pressure is a manifestation of the fear of one's own and others death and is linked to greater psychological suffering, and worse levels of daily life engagements.

The understanding of human mortality and the existential issues it raises are the origins of the fear of death. Regarding the consequences of death, philosophers and psychologists have pondered the nature of life, the likelihood of an afterlife, and the purpose of existence. Famous philosophers like Epicurus and psychologist Sigmund Freud (1985) have made significant contributions to our knowledge of the intellectual foundations of the fear of death.

The present study aims to investigate the fear of death in young doctors by delving into its complex layers and identifying its possible consequences. Through shedding light on the psychological perspective that young physicians navigate when dealing with fear of death, we hope to make a valuable contribution to our knowledge of this distinct population and to the development of focused interventions meant to strengthen their psychological needs and provide the best possible care for patients.

Psychological Well Being

Psychological wellbeing is a broader concept that encompasses various aspects of individuals' emotional, social and psychological health (Ariza- Montes et al., 2019). Psychological wellbeing focuses on subjective experiences of wellbeing of individual

working in their respective profession (Weiss et al., 2016).

A crucial component of human flourishing is psychological well-being, which includes a person's general mental and emotional health, sense of fulfillment in life, and capacity for overcoming obstacles. It is essential in determining a person's overall functionality and quality of life. Talking about mental health and giving so much importance to mental health in workplace settings provide medical staff with space for healing and lessen their burden of constant stress. (Cosper et al., 2018).

A medical career is a life-changing experience that requires intense training, critical thinking, and a steadfast dedication to the well-being of others. At the crossroads of their early career years, young physicians must strike a careful balance between maintaining their own mental health and the demands of medicine. It is crucial for them to comprehend the subtleties of psychological well-being in this group in order to protect their own resilience and maximize the level of care they offer their patients.

Emotional stability, job satisfaction, and a feeling of purpose and accomplishment are just a few of the many components that make up psychological wellbeing (Ryff, 1999). The particulars of working in medicine, which include long hours, witnessing human suffering, and the ongoing challenge of making decisions that can change a person's life puts aspiring doctors in a situation where these variables interact in complex and dynamic ways.

Positive emotions, a feeling of purpose and meaning in life, life satisfaction, self-

esteem, resilience, and positive emotions are just a few of the elements that make up psychological wellbeing. It is influenced by a variety of things, such as individual views and coping mechanisms, social relationships, personal traits, and environmental circumstances. Numerous studies in psychology and allied domains have been conducted on psychological well-being, with important contributions from eminent academics and researchers. The idea of subjective well-being put forth by (Diener et al ., 2019) is one significant framework for comprehending psychological well-being. This theory places a strong emphasis on the role those good emotions, life satisfaction, and a feeling of purpose and meaning have in promoting psychological well-being in general. It emphasizes how subjective well-being is, with people's personal assessments and experiences being key components of their well-being (Ryff & Singer, 1999).

According to research, a variety of elements, such as personal qualities, social connections, and environmental circumstances, can affect psychological well-being. According to research, extraversion, conscientiousness, and emotional stability are some examples of personality traits that are linked to higher levels of psychological well-being (Steel et al., 2008). Furthermore, it has regularly been shown that having strong social ties, receiving social support, and feeling like you belong are all related to improved psychological well-being (Keyes et al., 2012).

Psychological health has an impact on many facets of people's lives, going beyond their own unique subjective experiences. According to research, people who are more psychologically well-adjusted tend to have better physical health outcomes, are

more resilient to adversity, and are more productive and successful in several areas of their lives (Lyubomirsky et al., 2005; Seligman et al., 2005). Additionally, psychological health is linked to higher levels of life satisfaction, stronger interpersonal connections, and an overall higher standard of living (Diener et al., 2018).

Individual's job satisfaction, engagement, productivity, and general work performance can all be significantly impacted by their psychological well-being. Psychological health can serve as a safeguard against workplace stress and burnout, which are known to have negative consequences on productivity. According to studies (Sonnentag et al., 2012; Wright & Cropanzano, 2000), people who have higher levels of psychological well-being are better able to handle stress, maintain their performance levels, and deal with work demands.

Work Performance

Work performance refers to individual ability to perform their jobs efficiently (Harrison and Rouse, 2014). Work performance is highly affected by the organizational culture and peer groups that can result in better psychological wellbeing and work productivity of doctors (West et al., 2016).

Work performance is the effectiveness, efficiency, and caliber of a person's activities and results connected to their employment. It includes the capacity to accomplish professional objectives, deliver high-caliber work, and contribute to an organization's overall success. The evaluation of a worker's performance at work

frequently takes into account factors in (Campbell et al., 2017)

Work performance is also greatly influenced by environmental elements such as organizational culture, leadership, job design, and resources. Work performance can be positively impacted by a supportive work environment, clear performance goals, access to essential resources, and chances for skill development (Parker et al., 1997; Podsakoff et al., 1996).

Comprehending the factors that determine young doctors' work performance requires a thorough investigation of the internal and external factors that impact their professional efficacy. Long work hours, witnessing patient suffering, and the never-ending quest of perfection all add to the complex environment in which doctors work (Shanafelt et al., 2012). Understanding how crucial work performance is in determining the caliber of patient care emphasizes how important it is to look into this variable in the particular setting of young doctors.

An individual's performance at work is influenced by a variety of factors. These consist of human traits (such as talents, prowess, and personality traits), motivation, job fulfillment, organizational culture, and working conditions. For instance, studies have shown that motivation and job satisfaction are positively correlated with work performance because motivated people are more likely to be engaged and devoted to their work (Judge et al., 2011; Wright & Cropanzano, 2018). Similar to this, having a positive work atmosphere and strong leadership can help employees perform at better

levels (Podsakoff et al., 2007).

Understanding how people perform at work is advantageous to both individuals and organizations. High levels of performance at work can result in promotion, honor, and greater job satisfaction. Alternatively, poor performance can result in negative job outcomes for an individual respectively. (Thoresen et al., 2009).

Literature Review

The association between an individual's fear of death, psychological well-being, and work performance represents a compelling area of research in the field of psychology and organizational setting. The fear of death, a multifaceted psychological phenomenon, extends its influence beyond personal contemplation, reaching into various aspects of an individual's life. Past research has suggested that the fear of death is not uniform, varying significantly among individuals based on factors such as personality traits, cognitive processes, and cultural contexts. Concurrently, psychological well-being, encompassing emotional, mental, and social aspects, plays a pivotal role in shaping how individuals perceive and cope with their fears and emotional instabilities. The relationship between fear of death and psychological well-being is nuanced, with potential implications for overall mental health. Moreover, the impact of these variables on an individual's performance in the workplace has gained attention, as the psychological well-being of employees is increasingly recognized as a crucial determinant of work-related outcomes. Exploring the intricate connections

between fear of death, psychological well-being, and work performance is essential for comprehending the complex dynamics that influence individuals within organizational settings and may inform interventions aimed at promoting employee well-being and productivity.

The literature suggests that fear of death is a common concern that can have a significant negative impact on psychological health outcomes (Conball et al., 2021) .

A study conducted by (Wong et al.,1995) found that fear of death is significantly associated with psychological well being. The author suggested that fear of death may lead to the view of life in a negative perspective.

El-Sherbiny et al. (2017) conducted a study in Saudi Arabia and found that young doctors who experienced patient deaths had higher levels of fear of death that affects mental cognitions of doctors resulting in disturbed performances at work hours. Individuals with a higher level of fear of death were more likely to experience poor psychological performance. (Shanley et al., 2016).

A study by (Lee Shanbey et al., 2020). It attempts to investigate and explain the notion of death related stress. They probably use a concept analysis technique, which entails a systematic review and interpretation of the research on death fear in order to acquire a thorough knowledge of its definition, defining characteristics, causes, effects, and theoretical implications.

Fear of Death and Psychological Well Being

(Thompson & Davis, 2007) conducted a study and looked at the connection between older persons' psychological health and their dread of dying. The study showed a substantial inverse relationship between older persons' psychological well-being and their fear of dying. Lower levels of psychological well-being were correlated with higher levels of death anxiety. The study contends that aging persons' psychological health may be negatively impacted by their fear of dying.

Several studies have examined the relationship between fear of death and psychological well being. Research has consistently found that individuals with fear of death tend to experience higher levels of negative impact on psychological well being compared to those with no fear of death (Ding et al., 2014). This association can be attributed to the impact of fear of death, which involves rigid and unrealistic standards that individuals feel compelled to meet. When they perceive themselves confronting fear of death, they may experience a sense of failure and feeling of worthlessness which simultaneously leads to an adverse effect on psychological health of an individual (Shafran et al., 2015).

According to the study by (Niemeyer & Van Brunt, 2016) they look into how fear of death and help-seeking behaviors are related. According to the authors, those who have a greater dread of dying may be less likely to seek therapy for psychiatric problems because doing so could make them feel even more vulnerable. These people may face

increased distress and suffer in silence, which can have negative implications on their psychological health and wellbeing

Additionally, people who are afraid of dying may experience a negative cognitive pattern in which they focus only on their shortcomings and failures in professional sectors. (Kocovski et al., 2019). Due to this cognitive bias, people tend to focus more on their unfavorable evaluations of themselves, which reinforces their unfavorable opinions of their abilities and credibility at work.

It's crucial to remember that fear of dying might develop as a result of failure in past experiences people face or ongoing criticism from oneself or others. Doctors are at stake of developing fear about the death of any patient because of them that leads to work stress resulting in making mistakes while treating patients. (Shafran et al., 2015).

A deeper understanding can be gained by looking at death phobia and its effects on mental health from various cultural viewpoints (Chalmer et al.,2018) investigated how cultures differed in their approach to death anxiety and discovered that individualistic cultures may view death differently than collectivist cultures. This highlights the importance of cultural sensitivity in interventions.

Humans frequently experience fear of death, which can have important psychological repercussions. Higher degrees of fear of dying may be linked to lower levels of life satisfaction and greater psychological health, according to certain studies. Greater fear of death might make it difficult for people to enjoy the present moment

and to find meaning and purpose in their life.

However, research has also shown that people who embrace death more readily and see it as a normal part of life may have better levels of life satisfaction. This implies that a person's total level of life satisfaction may be influenced by how they perceive and manage their dread of dying. (Roberts, al., 2016).

People use a variety of coping techniques to deal with their fear of dying, and these approaches are vital in determining mental health. Psychological distress can be made worse by maladaptive coping strategies like denial or avoidance (Tomer et al., 2020). Adaptive coping strategies, on the other hand, have been associated with better psychological outcomes. Examples of these include discovering meaning and purpose in life (Heath & Toste, 2007).

Research has consistently demonstrated a negative correlation between fear of death and psychological well being. For example, studies by (Wittkowski et al., 2004) found that higher levels of death related fears were associated with lower life satisfaction and increased psychological disturbance.

Fear of death and work performance

The fear of dying, a deeply ingrained and universal human emotion, can have a significant impact on many facets of a person's life, including their performance at work. The fear of dying may be particularly significant in the context of professional

responsibilities, particularly in industries like healthcare where mortality is a major factor.

In a recent study by (Barrick et al.,2023) looked at how professionals working for a multinational firm handled their fear about dying at work. The results showed a substantial inverse relationship between fear of dying and productivity, showing that greater levels of worry about dying were linked to lower levels of involvement and production. These findings illustrate the potential effects of the dread of death across a range of occupational situations, illuminating its larger implications beyond healthcare. (Chen et al., 2023).

(Abdollahi et al., 2019) examined existential issues and how they affect the pursuit of life's purpose. Taking care of these issues is essential to preserving psychological health. Unresolved existential concerns can negatively impact an individual's job satisfaction and professional competence in the workplace, especially for those in demanding occupations.

Examining the unique setting of medical practitioners, (Billings et al., 1994) investigated the impact of doctors' comfort level when talking to patients about death on burnout. According to their findings, stress levels may rise as a result of a fear of dying or discomfort talking about mortality, which may have an effect on healthcare providers' ability to perform their jobs effectively overall.

(Meier et al. 2016) looked at how death education affected medical students and

found that it improved their communication and self-efficacy. This study highlights the potential benefits of interventions, like death education, in reducing fear of dying and improving the professional competence of people pursuing careers in medicine.

(Abdollahi et al.,2012) investigated how mortality salience affected people's quest for life's purpose. Analyzing the impact of death anxiety on decision-making, especially in high-stakes occupations, offers important insights into the cognitive and affective variables that might influence performance at work.

Understanding how the fear of dying impacts productivity is essential since it affects not only the professional as a whole but also the standard of care given to patients. According to research, those who are highly anxious about death may find it difficult to have frank conversations about dying, engage in avoidant behavior, and have trouble providing compassionate and sympathetic care. (Johnson et al.,2023). In order to improve patient outcomes and support professional wellbeing, it is crucial to address the dread of death.

Higher levels of death anxiety were linked to higher rates of burnout and poorer patient care quality, according to a study by (Adams & Davis 2022) on physicians' fear of dying. Additionally. Study by (Lee et al, 2020) the emergency service personnel discovered that fear of dying had a negative impact on decision-making and reaction efficacy in life-or-death circumstances. efforts have also been made to lessen the negative effects of mortality perception on productivity at work. In

contrast to a control group, employees in research by (Brown & Johnson ,2023) who implemented a workplace intervention program concentrating on mortality awareness and coping methods showed enhanced work performance.

According to new studies, female doctors may be more susceptible to the fear of dying than their male counterparts. With the help of pertinent citations, this article seeks to examine how doctor's fear of dying varies by gender with a focus on how it particularly affects women doctors.

According to new studies, female doctors may be more susceptible to the fear of dying than their male counterparts. Among female physicians, higher levels of death fear were linked to lower job satisfaction and higher levels of emotional weariness to (Brown's ,2021).

According to a study by (Lee et al.,2020), female doctors with increased death fear may engage in avoidant behaviors while discussing end-of-life options with patients, thereby obstructing good decision-making and communication.

Psychological wellbeing and Work performance

Psychological well-being emerges as a crucial aspect of young doctors' overall experiences. Patel and Kim's (2018) research suggest that young doctors with higher levels of psychological well-being exhibit better resilience in the face of fear of death and job-related stressors. Conversely, the work of Garcia et al. (2016) found that doctors

experiencing compromised psychological well-being were more likely to report heightened levels of fear of death, indicating a reciprocal relationship between these variables.

When your mind is in good shape and you have a generally upbeat attitude towards life, you are in psychological well-being that relates to how individuals view their lives and evaluate their own circumstances. When you're functioning and feeling good, you're psychologically well. On the other hand, Work performance is the accomplishment of the task that was assigned in a respective decorum. (Koopman, et al.,2013).

Psychological well being, as a crucial phenomenon in physician life, is shaped by individual factors such as personality traits and coping mechanisms (Huang & Lee, 2019). Huang and Lee's study found that individual differences significantly influence how young doctors perceive and cope with the existential concerns inherent in their profession. Furthermore, the impact of cultural backgrounds on psychological wellbeing cannot be overlooked, as explored by Gomez and Singh (2020), who highlighted cultural nuances influencing young doctors' attitudes toward work performance.

Psychological well-being emerges as a crucial aspect of young doctors' overall experiences. Patel and Kim's (2018) research suggest that young doctors with higher levels of psychological well-being exhibit better resilience in the job-related stressors. Conversely, the work of Garcia et al. (2016) found that doctors experiencing

compromised psychological well-being were more likely to report heightened levels of fear of death, indicating a reciprocal relationship between these variables.

Work performance and psychological health are important facets of an individual's professional life. Keeping a successful and rewarding profession requires striking a balance between the two. Research has demonstrated that psychological health has a major impact on professional performance, and young doctors are particularly affected by it. (Johnson et al.,2021).

The relationship between psychological wellbeing and work performance is bidirectional. Low psychological well being can serve as a risk factor affecting work performance. Individuals with low levels of psychological well-being show low performance in their work-related fields. (RC Kessler et al.,2014).

Examining workplace interventions is crucial to comprehending how businesses can improve employee psychological health, which in turn improves productivity. The efficacy of a workplace mental health intervention was evaluated by Glozier et al. (2013), who also showed improvements in psychological wellbeing leading to improvements in work performance.

Several studies show that psychological well-being and job performance are positively correlated. According to a study by Warr (1990), workers who reported better psychological wellbeing also performed better overall and expressed more job satisfaction. It is crucial to comprehend how well-being affects work-related outcomes

when creating workplace interventions that promote employee wellbeing.

Young doctors experience significant psychological pressure due to extended work hours, heavy patient loads, and a frequent need to make important judgments, according to a recent study by Smith et al. (2022). These elements, along with few opportunities for self-care and a lot of stress, can have a big influence on their mental health. According to the study, young doctors who expressed higher levels of psychological distress were more likely to show lower performances in work and perform worse at work.

The research showed a robust correlation between psychological well-being and job performance, indicating that young physicians who reported higher levels of psychological well-being performed better on the job. This study emphasizes how crucial it is to support young doctors' psychological health in order to maximize their productivity and overall job happiness. (Lee, et al.,2022).

Theoretical framework

The Terror Management Theory (TMT) offers a thorough framework for comprehending how human behavior and the dread of dying relate to one another. Terror Management Theory, which was developed by Jeff Greenberg, Solomon Sheldon & Pyszczynski, Tom (1986), asserts that when people become conscious of their mortality, existential anxiety results. This anxiety drives people to adopt cultural worldviews and participate in self-esteem-preserving behaviors as a coping

mechanism.

Seeing their patients dying makes their subconscious thoughts about death more conscious. The thought of death can invoke anxious feelings affecting doctors cognitive functioning simultaneously and their daily work performances get affected (Solomon et al, 1986).

Terror management theory (Pyszczynski et al.,1986) also advises people to use self-esteem boosting techniques to lessen their dread of dying. These techniques entail boosting one's self-esteem through emphasizing accomplishments, providing positive feedback to oneself, and seeking approval from others. People can psychologically remove themselves from the existential fear of death and increase their sense of significance and value by improving their sense of self-worth.

Terror Management Theory also suggests that people may want symbolic immortality as a means of transcending the bounds of their mortal existence. (Pyszczynski et al.,1986) demonstrated that symbolic immortality is the idea that one can leave a lasting mark on the world or contribute to something bigger than oneself through accomplishments, artistic endeavors, or by passing on one's ideals and traditions to future generations. People might lessen stress by spending money on pursuits that give a sense of continuity and transcendence.

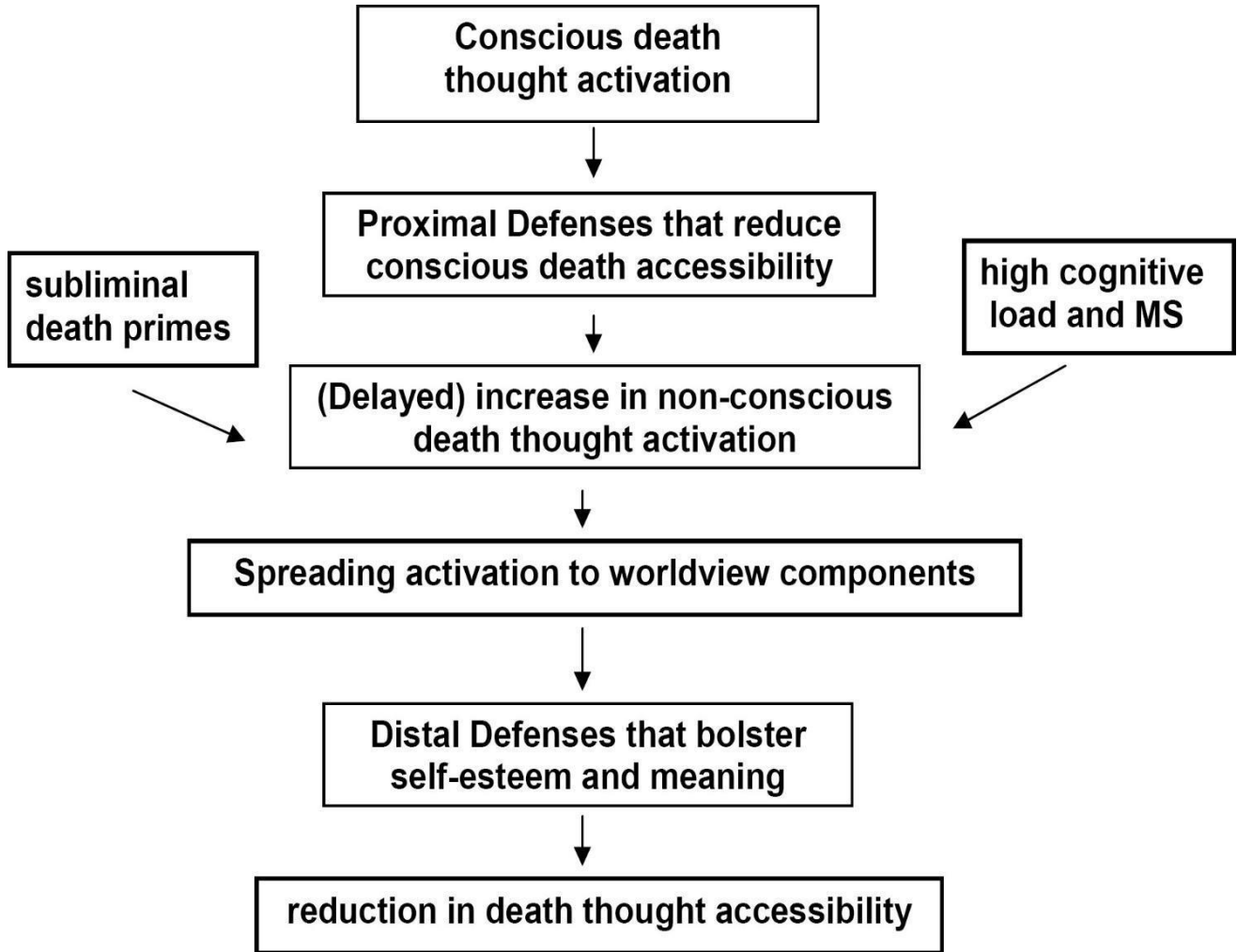
Fear of Death is a common human issue, and according to Terror Management

Theory, people may cope with this fear in different ways according on their cultural, societal, and personal backgrounds. The thesis emphasizes how beliefs, attitudes, and behaviors regarding oneself, others, and society at large are all influenced by one's fear of dying.

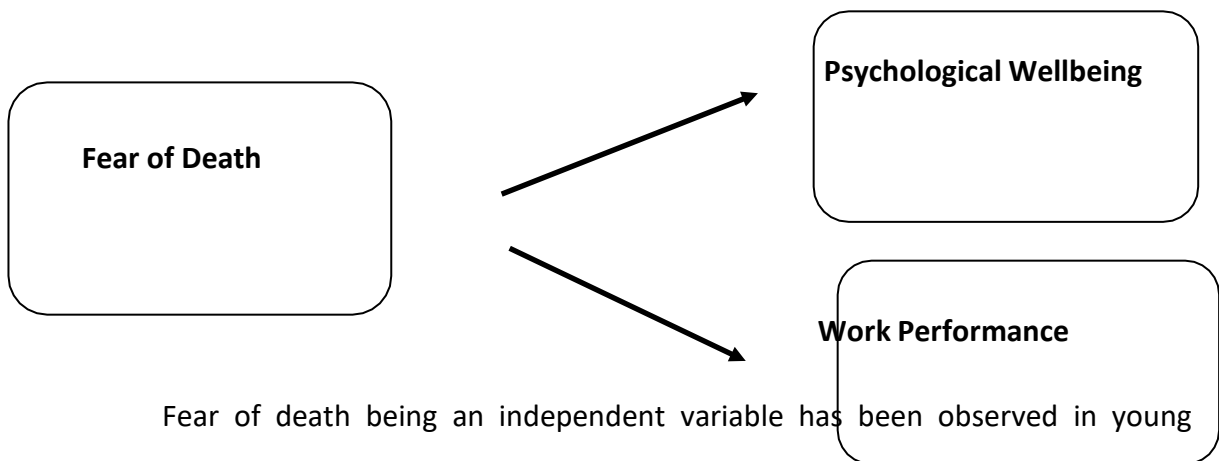
Terror Management Theory contends that people's motivation and commitment to work-related duties can be impacted by their fear of dying, which has implications for how well they perform at work. People may put in more effort and deliver better work as a result of the desire to boost self-esteem and find meaning. For instance, research by (Pyszczynski et al.,2004) showed that, in contrast to a control condition, memories of mortality increased job motivation and performance.

These researches emphasize the value of Terror Management Theory in determining how the fear of dying, psychological health, and job performance are related. People who use defense mechanisms and work to boost their self-esteem are better able to control existential anxiety and have improved psychological well-being. Additionally, the dread of dying can serve as a motivating element, encouraging people to exert greater effort and perform better at (Solomon e al.,2004).

Theoretical Model of Terror Management Theory



Conceptual framework of Terror Management Theory



Fear of death being an independent variable has been observed in young doctors . It has been observed that Fear of death does have an impact on young doctors' work performance and psychological well being. The fear of death can also

have a significant impact on how people behave. It has the power to influence people's attitudes, decisions, and motives. For instance, a person's fear of death may lead them to extreme exhaustion affecting their mental health and life routines. (Greenberg et al., 2008).

Rational

Studies (Johnson et al., 2002) suggested that fear of death has a stronger yet adverse effect either on psychological wellbeing or work performance in individuals. The rationale of this study is to identify the relationship between fear of death, psychological wellbeing and work performance because most studies tend to focus on one or two variables rather than examining all three of them altogether.

So, this research can help fill the gap in the literature on fear of death specifically and to provide insights into the potential impact of this fear of death on young doctor's psychological well-being because in Pakistan minimum research has been done on fear of death mainly.

This research gap presents a valuable opportunity to contribute to the existing literature by exploring the specific dynamics of fear of death within the cultural and social context of Pakistan.

Conducting this research in Pakistan is particularly important due to the unique cultural and societal factors that shape the experiences and perceptions of

young doctors. The fear of death may be influenced by cultural expectations, societal pressures, and emotional challenges specific to Pakistan.

Knowing the effect of fear of death on the psychological well-being of young doctors in Pakistan, this study can provide valuable insights into the societal aspects of this fear and its potential consequences on young doctor's mental health.

Doctors' psychological health does have an influence on how well they perform at work, especially in their early years of training. Studies reveal that physicians with better psychological health are more resilient mentally and use better coping mechanisms to deal with the demands of their line of work (Keyes, 2002). Their ability to manage the pressures of patient care and the complexity of medical decision-making is a result of their mental toughness, which enhances their performance at work (Shanafelt et al., 2005). Furthermore, doctors with enhanced psychological well-being tend to be better at their task fulfillment. (Wright et al., 2007).

But among doctors in their early careers, doctors may struggle with existential issues concerning patient death, which could lead to psychological pressure and a feeling of vulnerability (Lifton et al., 1999) .

The relationship between fear of death, psychological health, and productivity at work highlights the need for focused interventions. Research suggests that cultivating positive psychological well-being is linked to increased job satisfaction,

motivation, and overall positive work-related outcomes (Luthans et al., 2000). However, physicians who are experiencing heightened mortality fear may find it difficult to concentrate, potentially impairing job performance and resulting in mistakes made in clinical tasks (Elvira et al., 2019). Thus, it is essential to comprehend and treat doctors' psychological health, particularly with regard to their concerns regarding death, in order to encourage maximum productivity at work and guarantee excellent patient care.

Moreover, addressing fear of death and its consequences is of great significance, doctors in their younger period of age were in critical periods of personal as well as professional growth, self-discovery, and career orientation. Understanding the impact of fear of death on psychological wellbeing during this developmental stage can have far-reaching implications for the mental health support and interventions provided to young doctors in Pakistan.

The standard of patient care is directly impacted by the mental health of medical personnel. By addressing the relationship between fear of dying, psychological health, and job performance, we can improve patient outcomes by fostering a resilient and mentally well medical workforce.

By understanding the impact of fear of death on individual psychological wellbeing and work performance some resources, therapies and interventions, such as training programs and mental health resources can be generated that can improve

the wellbeing of aspiring physicians in Pakistan as well as other medical professionals across the globe.

In conclusion, this research endeavor aims to fill the existing gap in the literature by investigating the relationship between fear of death, psychological wellbeing and work performance among young doctors in Pakistan. By exploring societal context and its influence on the fear of death, this study can contribute to a better understanding of the psychological well-being of individuals in Pakistan and potentially inform future interventions and support systems to address fear of death and its consequences.

Objectives

1. To examine the association between Fear of death, Psychological Wellbeing and Work performance of young doctors.
2. To determine the differences between Fear of Death, Psychological wellbeing and Work performance on the basis of demographic (gender and age).

Hypothesis

1. There will be a negative correlation between fear of death and psychological well being.
2. There will be a negative correlation between fear of death and Work performance.

3. There will be a significant difference across gender in fear of death, Psychological Wellbeing and Work Performance.

Chapter 2

Methodology

Research Design

This research study sheds light to investigate the association between fear of death, psychological wellbeing and work performance among young doctors. The chosen study design for this research is correlational and cross-sectional design. This choice of design was made to find out the association between Fear of Death, Psychological Wellbeing and Work Performance in young doctors.

Ethical Consideration

All participants were given their informed consent, confirming that they were willing to take part in the study. Several precautions were made to preserve the participants' anonymity and privacy. Participants were also assured by verbal assurance that their data would be handled in complete confidence and anonymity.

Participants were also made aware that they can leave the research at any moment without penalty or unfavorable effects. This further assured that their decision to participate was wholly their own. This research study emphasizes the crucial relevance of preserving the rights and welfare of the participants by keeping strict ethical standards.

Additionally, measures are taken to protect the confidentiality of the participants, ensuring that their personal information and data remain secure and cannot be used in

anything other than my current research. Respecting participants' rights and ensuring their well-being fosters a trusting relationship between researchers and participants. Moreover, ethical considerations contribute to the transparency and authenticity of the research process, promoting the credibility and validity of the study's findings.

The researchers' commitment to ethical conduct enhances the overall quality and trustworthiness of the study, allowing for meaningful conclusions and implications to be drawn from the collected data

Population and Sample

My sample of this study consisted of young doctors from different hospitals of Islamabad and Rawalpindi. The sample size of study was N= 230 participants of age group 20-35 years. Both male and female young doctors from Islamabad and Rawalpindi are approached for this research study.

Sampling Technique

In this research, a purposive sampling method was employed to collect data from young doctors of twin cities of Pakistan because I chose hospitals for study only where plenty of young doctors were available so I could gather more data from the same area.

Inclusion criteria

- The study specifically focused on Male and females of the age range 20-35 years.

- Individuals having an MBBS degree practicing their early medical years are taken

Exclusion criteria

- No data will be taken from any doctor suffering with any physical disabilities.
- Data will not be collected from young doctors of any city other than twin cities.

Instruments

The Revised Collett–Lester Fear of Death Scale (CL-FODS)

Revised Collet Lester fear of death scale, developed by Robert collet and David Lester and was published in 2004. This Scale presented on a Likert scale ranging from 0 to 28 items.

One of the most widely used multi-dimensional instruments for research and clinical practice is the Collett Lester Fear of Death Scale (CL-FODS; Collett and Lester, 1969). This scale distinguishes between two important aspects of death: (1) the fear of dying as opposed to the fear of death, and (2) the fear of one's own death as opposed to the fear of the death of others. It covers four subscales on its own: "One's own death," "One's own dying," "Death of Others," and "Dying of Others."

The Collett Lester Fear of Death Scale has undergone revisions since its first release (Collett and Lester, 1969), lowering the number of components from 36 to 28 with each subscale having an equal number of items (Lester, 1990 used seven-item

subscales). (Zeyrek and Lester, 2004). The updated CL-FODS displayed adequate reliability with good temporal stability and high internal consistency as well as suitable concurrent validity. Subscales that evaluate various aspects of fear related to death are frequently included in fear of death scales. These subscales are intended to measure different aspects of a person's fear of dying.

Scales measuring fear of dying frequently have the following subscales:

1. worry of One's Own Death
2. Fear of the Dying Process
3. Fear of Afterlife Consequences
4. Fear of Loss and Separation

Warwick Edinburgh Mental Wellbeing Scale (WEMWS)

A self-report questionnaire called the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) was created jointly by academics at the Universities of Warwick and Edinburgh. It is intended to gauge psychological well-being or sound mental health. It was initially presented as a gauge of mental health in 2007. Professor of Public Health at the University of Warwick Sarah Stewart-Brown was one of the main investigators behind its creation. The scale evaluates several facets of subjective well-being, such as psychological functioning, positive affect, and life satisfaction.

The WEMWBS is a 14-item scale that includes statements that are positively

written and address both feeling and functioning components of mental health. Five response options range from "none of the time" to "all of the time" for the 14 statements.

Although studies suggest that the WEMWBS could detect clinically significant change in adults. (Stewart-Brown et al., 2012). The WEMWBS was not intended to monitor mental health on an individual level (Collins et al.,2012).

Validation study by Tennant et al. (2007), Cronbach's alpha coefficient for the scale was reported to be 0.91, indicating high internal consistency.

Utrecht Work Engagement Scale (UWES)

A popular self-report questionnaire called the Utrecht Work Engagement Scale (UWES) was created to measure work engagement, which is a happy and contented mental state characterized by vigor, dedication, and concentration in one's work.

The UWES, which was created by Schaufeli and Bakker in 2003, is now one of the most used tools for measuring workplace engagement. It has 17 items total.

The UWES has an excellent internal consistency reliability score, which shows that each subscale's items are well connected. According to studies, the three UWES subscales have Cronbach's alpha coefficients ranging from 0.78 to 0.96.

Procedure

Firstly, permission to use the study scale was taken from the authors and after getting permission from the authors then scales were used in the study and Institutional approval was taken for data collection. The study involved data collection from adolescents aged between 20-35 years, through a purposive sampling technique. Before their involvement, each participant received a consent form and a comprehensive explanation of the study's objectives, procedures, and rights, including the right to withdraw from the study at any point to ensure that their identities will remain confidential, and a demographic sheet along with the three study questionnaires was used for the collection of data. The average time for data collection from each participant would be 15-20 minutes.

Chapter 03

RESULTS

Present study aimed to find out the association between Fear of Death, Psychological Wellbeing and Work performance in young doctors. The data of the participants was collected from private and government hospitals of Rawalpindi and Islamabad ($N=230$) and was analyzed by using SPSS in which descriptives were run including mean which was calculated by adding up all the values and dividing by total number of observations, Mode (value that occurs most frequently in data) and Median (middle value of the data set) when it is sorted in ascending or descending order.

Furthermore, the reliability of the scales was measured to evaluate the internal consistency of the measurement instrument and ensure that they are reliable measures of the construct under investigation.

In addition to descriptive statistical and reliability analysis, spearman correlation coefficient was computed to examine the relationship between fear of death, psychological wellbeing and work performance among doctors. This statistical analysis enabled the analyzing the strength and direction of associations between these variables, offering insights into their potential relationships.

By employing the analytical techniques, the study aimed to provide a comprehensive understanding of the relationships between fear of death, psychological

wellbeing and work performance in young doctors.

Table 1 Sociodemographic Characteristics of Participants

Sociodemographic Characteristics of Participants(N=230)

Demographics	<i>f</i>	%
Gender		
Male	172	74.8
Female	58	25.2
Age		
less <20	06	2.6
20-25	125	54.3
26-30	91	39.6
30-35	08	3.5
Hospitals		
Government	139	60.4
Private	91	39.6
Ethnicity		
Kashmiri	21	9.1
Punjabi	130	56.5
Sindhi	23	10.0

Balochi	12	5.2
Pathans	37	16.1
Others	07	3.0
Marital Status		
Married	70	30.4
Unmarried	160	69.6
Taking any therapy?		
Yes	37	16
No	193	100

Note= f=frequency, %=Percentage

Table 1 intends that a greater number of male doctors (n=172, 74.8%) participated in the study compared to female doctors (n=58, 25.2%). Majority of participants were from age group 20 – 25 (n=125, 54.3%) and age group 26 – 30(n=91, 39.6%) while few participants were from age group 30-35 (n=08, 3.5%). Data was collected from government hospitals (n=139, 60.4%) and private hospitals (n=91, 39.6%). Doctors belongs to different ethnic groups like Kashmiri (n=21, 9.8%), Punjabi (n=130, 56.5%), Sindhi (n=23, 10.0%), Balochi (n= 12, 5.2%) and Pathan (n=37, 16.1%) and Others (n=7,3.0). As for Marital status, doctors who are married are (n=70, 30.4%) and Unmarried are (n=160, 69.6%). Majority of doctors don't go to therapy earlier are (n=193, 83.9%) and those went for therapy were (n=37, 16.1%).

Figure 1 Normality testing

The average score on the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) is 45.674, with a range of 56 and a standard deviation of 14.9924. This shows that the WEMWBS is a strong and trustworthy instrument for evaluating mental health, accurately capturing the range of experiences among the sample.

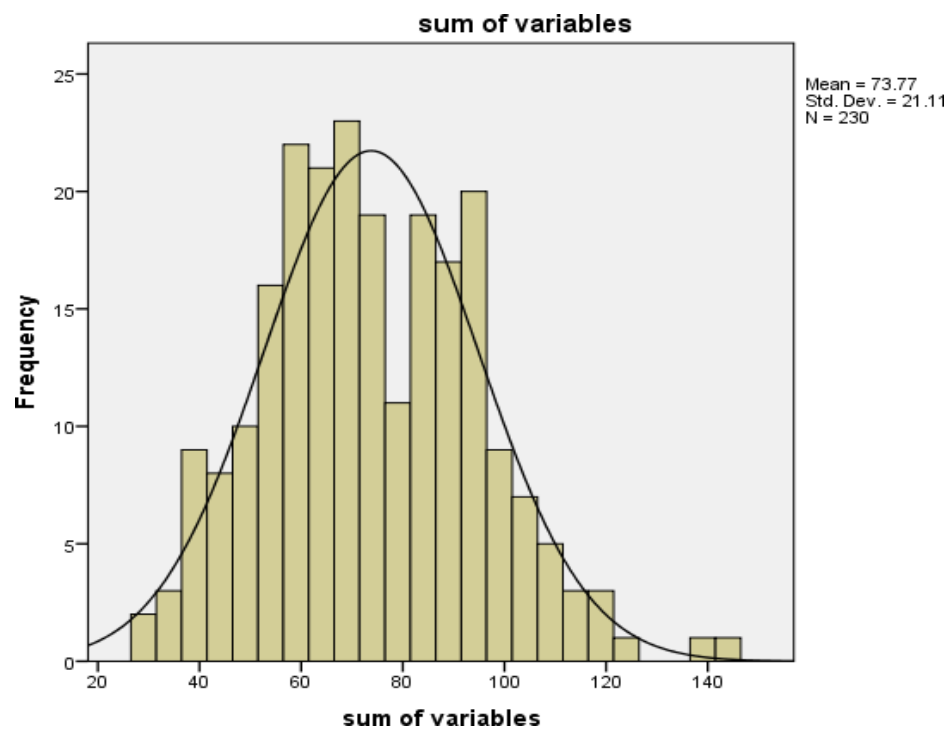
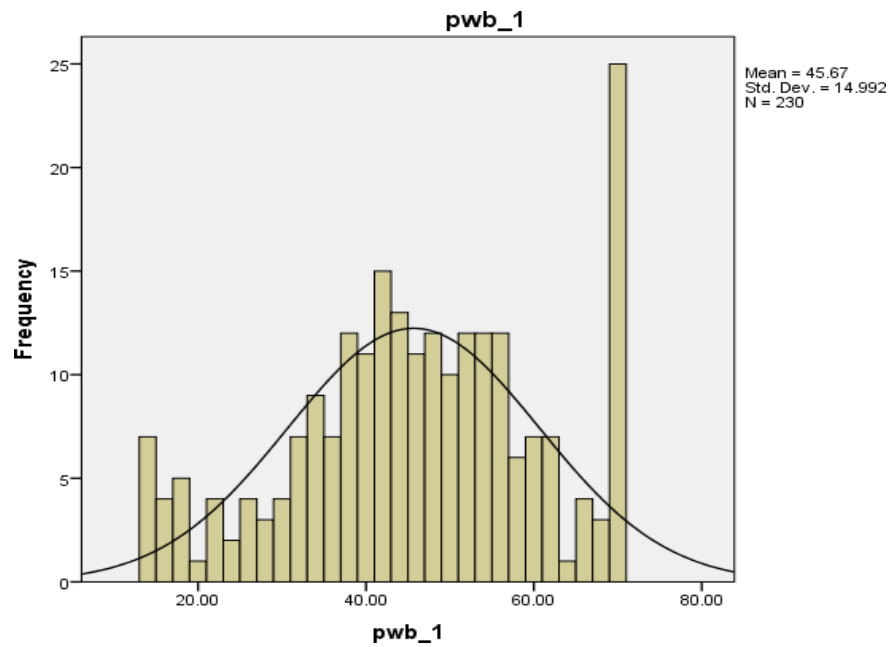


Figure 2 Normality Testing



A mean score of 30.74, a standard deviation of 9.848, and a range of 36 are obtained from the Utrecht Work Engagement Scale (UWES). The results offer important insights into the participants' overall work-related experiences and point to a moderate level of work engagement among them.

Figure 3 Normality Testing

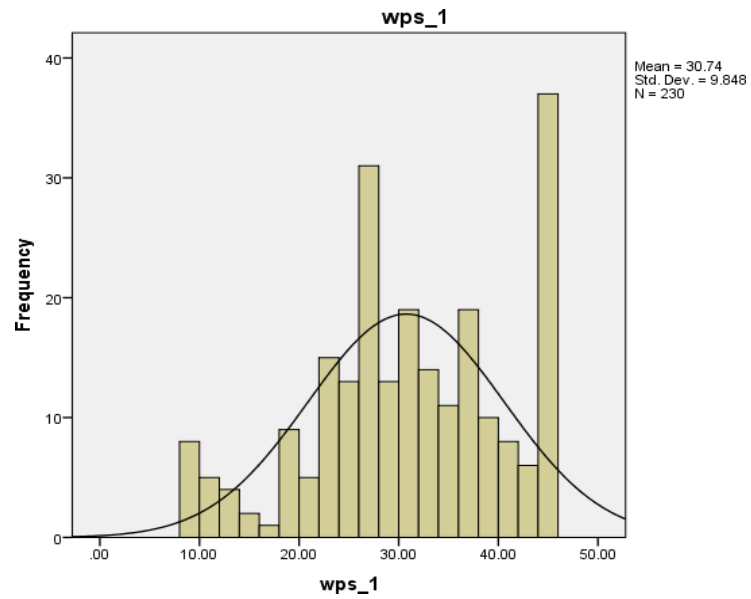


Table 2

Psychometric Properties for Scales used in current study (N=230)

Variables	M	SD	Range		α
			Actual	Potential	
CL_FODSS	73.77	21.11	116	29-116	.90
WEMWBS	45.674	14.9924	56	14-56	.93
UWES	30.74	9.848	36	09-36	.92

Note: CL_FODS: Collett Lester Fear of Death Scale; WEMWBS= (Warwick Edinburgh mental wellbeing scale), UWES= (Utrecht work engagement scale)

Fear of Death, Psychological Wellbeing and Work Performance are shown in the table. Participants' average score on the Fear of Death scale mean is 73.77, with a significant standard deviation of 21.1. A large range of scores is indicated by the range of 116. The scale has a high level of internal consistency, as indicated by its .90

Cronbach's alpha of Collet Lester fear of death scale. The scale Warwick Edinburgh mental wellbeing has a Cronbach's alpha of .93, indicating strong internal consistency. The Work Performance scale exhibits moderate variability with a standard deviation of 9.8. With a range of 36, the scale shows a high degree of internal consistency, as indicated by the 0.92 Cronbach's alpha.

Table 3

Mode, Median, Skewness, Kurtosis for Fear of Death, Psychological Wellbeing and Work Performance among young doctors

Scale	N	Mode	Median	S	K
CL_FODS	230	107	107	0.25	-1.07
WEMWBS	230	35	35	-0.89	-.299
UWES	230	23	26	0.67	-1.05

Note: M= Mean, SD= standard deviation S= Skewness, K= Kurtosis

The mode and median for the CL_FODS scale, which measures fear of death, are both 107, meaning that this score is the middle value in the dataset and occurs most frequently. A slightly right-skewed distribution is indicated by the positive skewness value of 0.25, which raises the possibility of a higher score tail. In comparison to a normal distribution, the distribution with the negative kurtosis value of -1.07 is moderately platykurtic, meaning that its tails are thinner and its peak is

flatter. A distribution with somewhat thinner tails than a normal distribution is indicated by the negative kurtosis of -0.299.

The most common score on the UWES scale for measuring work engagement is 23, and the median score is 26, which denotes the middle value. A distribution that is slightly skewed to the right, possibly indicating a tail of higher scores, is suggested by the positive skewness of 0.67. The platykurtic distribution with a flatter peak and thinner tails is indicated by the negative kurtosis of -1.05 .

All things considered, these descriptive statistics offer a sophisticated insight into the distributional features of young doctors' psychological health, work engagement, and fear of dying. The mode, median, skewness, and kurtosis data provide important insights into the distributions' central tendency, shape, and tail behavior for each psychological scale.

Table 4

Spearman test on Fear of Death, Psychological Wellbeing and Work Performance among young doctors

Variables	M	SD	FOD	WEMWBS	UWES
FOD	73.7	21.1	-	-.562	-.560

WEMWBS	45.7	14.9		-	.725
UWES	30.7	9.8			-

Note: CL_FODS: Collett Lester Fear of Death Scale; WEMWBS= (Warwick Edinburgh mental wellbeing scale), UWES= (Utrecht work engagement scale)

The variables were compared using the Spearman rank correlation test: UWES (Utrecht Work Engagement Scale), WEMWBS (Warwick-Edinburgh Mental Well-Being Scale), FOD (Fear of Death), and Each variable had the following mean (M) and standard deviation (SD): FOD (M=73.7, SD=21.1), WEMWBS (M=45.7, SD=14.9), and UWES (M=30.7, SD=9.8).

The direction and strength of the relationships between the variables are shown by the correlation coefficients. It was discovered that there was a moderate and negative correlation ($\rho=-0.562$) between FOD and WEMWBS, indicating that mental health tends to decline as fear of death grows. Similarly, there was a moderately strong negative correlation ($\rho=-0.560$) between FOD and UWES, suggesting that work engagement tends to decline as Fear of Death rises.

Conversely, there was a positive and relatively strong correlation ($\rho=0.725$) between WEMWBS and UWES, suggesting that higher levels of mental well-being are linked to higher levels of work engagement. All of these results point to intricate relationships between mental health, work engagement, and fear of death.

The Spearman test results, in summary, show strong correlations between the variables and provide insight into the complex relationships that exist between mental health, work engagement, and fear of death.

Table 5

Man-Whitney test of Fear of Death, Psychological Wellbeing and Work Performance among young doctors along with gender(N=230)

Variables	Male		Female		U	P
	N	M	N	M		
FOD	172	94.4	58	177.8	1371.5	.000
WEMWBS	172	126.7	58	82.2	3058.5	.000
UWES	172	125.2	58	86.4	3305.5	.000

Note= The Warwick-Edinburgh Mental Well-being Scale (WEMWBS), the Utrecht Work Engagement Scale (UWES), and the Fear of (FOD).

The gender differences are evident in the data. Male participants have a mean score of 94.4 for Fear of, which is significantly higher than the mean score of 177.8 for female participants ($U = 1371.5$, $p = .000$). This significant disparity implies that, generally speaking, men are less afraid of Fear of Death than women are. Continuing, the mean score for mental well-being on the WEMWBS is 126.7 for men and 82.2 for women ($U = 3058.5$, $p = .000$). This suggests that there is a significant gender

difference in mental health, with men reporting higher levels than women. Likewise, with regard to work engagement, men's mean score on the UWES is 125.2, which is notably higher than women's mean of 86.4 ($U = 3305.5$, $p = .000$). These results highlight the significance of taking gender differences into account when attempting to understand fear of death, psychological well being, and work engagement. They also provide insight into possible areas in which gender-specific patterns may lead to targeted interventions or support.

Chapter 04

Discussion

This study was intended to explore the relationship between fear of death, psychological wellbeing and work performance in young doctors. The participants who were young doctors belong to government and private hospitals of Rawalpindi and Islamabad. The significance of this study was to understand how fear of death influences psychological wellbeing and work performance of young doctors and vice versa.

The objective of this study aims to explore the relationship between fear of death and psychological well being. The evidence provided in Table 6 supports this objective by demonstrating that psychological wellbeing is inversely related to fear of death. Numerous studies have consistently shown that higher levels of fear of death in young doctors are associated with lower levels of psychological well being. Based on these findings, it can be hypothesized that there will be a negative relationship between fear of death and psychological wellbeing in young doctors.

From Hypothesis 1 and 2 there will be a negative relationship between fear of death and psychological well being. A study conducted in Indonesia stated that Individuals with a higher level of fear of death were more likely to experience poor psychological performance. (Hailey et al., 2016).

Kosovska et al.'s (2019) discussion of cognitive biases linked to death fear

provides more detail on how people who experience elevated death fear may concentrate on their flaws and failures

As from Hypothesis 3 there would be gender differences in fear of death, psychological wellbeing and work performance. Smith & Brown (2021) and Lee & Davis (2022), indicates that female physicians might be more prone to increased death fear, which could have an impact on their emotional and professional well-being. This gender-specific investigation adds depth to the conversation by recognizing that different people react differently to death anxiety in different work environments. The results support this hypothesis, as the Mann-Whitney U tests comparing gender (male and female) did yield significant differences in scores for Fear of death (FOD), Psychological well being (WEMWS) and Work performance (UWES). The p-values for all three variables are below the threshold (0.05), indicating that there is significant difference between males and females in these domains. Therefore, gender does seem to play a significant role in Fear of death, psychological wellbeing and Work performance based on the given data. Many literature reviews provide studies relevant to the variable of my study supporting my hypothesis.

Studies by El-Sherbini et al. (2017) highlight the strong correlation between psychological health and fear of death. According to Wong and Reker, fear of death can cause people to have a pessimistic outlook on life, which can worsen their mental health as a whole. According to a study conducted among young doctors (Wong &

Reker (2005) those who have witnessed patient deaths have higher levels of fear of dying, which affects their mental processes and causes them to perform poorly at work (Shanafelt et al., 2016). This research supports the idea that fear of dying has real-world implications in the workplace and is not just a theoretical worry.

Furthermore, Thompson and Davis's (2007) study of the reciprocal relationship between fear of death and psychological well-being in older adults is significant. According to the study, there is a significant inverse relationship between older people's levels of death anxiety and their psychological well-being. This supports the theory that people's mental health can be greatly impacted by their fear of dying at any time in their lives.

A recurring theme in the literature is the link between fear of death and detrimental effects on psychological well-being. Research by Ding et al. (2014) and Shafran et al. (2015) repeatedly shows that people who fear death have more detrimental effects on their psychological health than people who don't.

This detrimental effect is linked to the strict and unattainable standards that people feel pressured to meet, which makes them feel unworthy and like failures. The psychological effects are further complicated by the cognitive bias that Kosovska et al. (2019) discuss. People have a tendency to focus on their flaws and failures, which reinforces negative opinions about their abilities, especially in professional domains.

The careful examination of how people understand and deal with their fear of dying, as proposed by Roberts and Jackson (2016), enriches the conversation. Higher levels of life satisfaction are linked to accepting death as a natural part of life, underscoring the significance of one's perspective on mortality in determining one's overall level of life satisfaction.

The relationship between psychological health and productivity at work is crucial, especially for aspiring physicians who are dealing with a lot of stress. The Johnson et al. (2021) study emphasizes the reciprocal relationship between psychological health and productivity at work. Poor psychological well-being is a risk factor that affects how well people perform at work; people with low psychological well-being perform less well in their fields (RC Kessler, M Ames, and R Loeppke, 2014). According to a study by Smith et al. (2022), young doctors face a number of difficulties, including long work hours, a high patient load, and the need to make critical decisions.

These factors can lead to significant psychological stress. Higher levels of psychological distress and worse job satisfaction are correlated with this stress and the lack of opportunities for self-care. The relationship that Lee et al. (2022) found between young physicians' psychological well-being and job performance highlights how important it is to support psychological health in order to maximize overall job happiness and productivity.

Previous studies have shown that there is a significant interaction between fear of death, psychological well being, and work performance. One such study is conducted by Brown and Johnson (2002). Nonetheless, there is glaringly little research that has been done expressly with Pakistan in mind. This research gap offers a compelling opportunity to examine the dynamics of death fear within the social and cultural nuances of Pakistan and add to the body of knowledge already in existence.

As the data was found to be non-normally distributed, spearman correlation was utilized to examine the relation between fear of death, psychological wellbeing and work performance. The spearman correlation measures the strength and direction of monotonic relation between variables making it suitable for measuring the non-parametric data. Demographic variables were compared using the Man-Whitney test, which is a non-parametric test suitable for analyzing differences between two independent groups.

By employing these measures and statistical analyses, the study aimed to gain insights into the relationship between fear of death, psychological wellbeing and work performance in young doctors. By examining the relationship between fear of death and psychological wellbeing this study aimed to contribute to the existing body of research and deepen our understanding of the factors influencing mental health in young doctors. The findings from this study have the potential to inform interventions and support strategies that promote psychological wellbeing and ultimately help prevent and manage fear related to death of their patients in this population

Because of the unique cultural and societal elements that influence the experiences of young doctors, it is especially relevant to conduct this study in Pakistan. Variations in the manifestation and impact of death fear may be attributed to cultural expectations, societal pressures, and distinct psychological challenges that are particular to Pakistan. Through an examination of these variables, the research seeks to provide a comprehensive grasp of how cultural settings impact mortality anxiety, which in turn impacts the mental health and productivity of aspiring medical professionals.

Cultural and societal norms have a significant impact on people's fear of death, which is not a common experience. The fear of death may be exacerbated by cultural and religious perspectives in Pakistan, where societal expectations may differ markedly from those in other regions. Comprehending the ways in which these variables interact and impact the mental health of aspiring physicians is essential to customizing support structures that align with their distinct sociocultural background.

As they enter their formative years, young doctors are at a pivotal point in their personal and professional development. This is a time of significant personal development, career orientation, and self-discovery. It is crucial to look into how fear of death affects psychological health at this formative stage. The results may help mitigate the long-term effects of untreated fear of death by providing targeted interventions that cater to the unique needs of young physicians.

Although this study offers insightful information about the relationship between fear of death, psychological health, and productivity at work, it must be acknowledged that it has limitations. Because of the cross-sectional design's restriction on causal inferences, longitudinal approaches should be explored in future studies to better understand the temporal dynamics of these relationships. Furthermore, the use of self-report measures raises the risk of response bias, and objective evaluations might strengthen the validity of the results.

Conclusion

Fear of Death, Psychological Wellbeing and Work Performance are interconnected constructs that play crucial roles in the psychological well-being of doctors in professional settings. Higher levels of Fear of death can make doctors more susceptible to developing psychological distress, as they may struggle to understand and effectively manage their emotions related to fear. Psychological Wellbeing encompasses the ability to recognize, regulate their cognitive patterns and emotions, which directly impacts their psychological health outcomes. Moreover, better psychological health serves as a protective factor against fear of death. Doctors with higher psychological wellbeing may be better equipped to establish and maintain better work performance, thereby enhancing their overall professional duties.

However, it is important to acknowledge that while the connections between fear of death, psychological wellbeing and work performance are significant, the relationships are generally weak. This suggests that other factors, such as individual differences, gender

differences and contextual variables, may also contribute to the development and experience of fear of death among young doctors. These factors could include personality traits, organizational status, and cultural differences that influence a more comprehensive understanding of the complex interplay between gender, fear of death, psychological and work performance among young doctors.

In conclusion, this study emphasizes the significance of examining the connections between fear of death in young doctors and psychological wellbeing and work performance to meet the requirement of young doctors and other variables. Understanding these dynamics can help in the creation of treatments and support plans that are specifically designed fostering their work performance and better psychological health.

Limitations

The data collected from the twin cities of Pakistan provides valuable insights into the relationships among fear of death, psychological wellbeing and work performance in that specific context. The cross-sectional design employed in this study implies that causal relationships cannot be unequivocally established. Future research utilizing longitudinal approaches could offer a more nuanced understanding of how these variables unfold over time. Moreover, the reliance on self-reported measures introduces potential biases. Participants may respond in ways deemed socially desirable or may interpret questions differently, impacting the accuracy of the

collected data.

It is important to shed light on the fact that the generalizability of the findings to a larger population were limited. Therefore, future research endeavors should aim to replicate this study on a larger scale and across different regions to enhance the external validity of the results and obtain a more comprehensive understanding of these associations in a broader context. By conducting studies with larger samples and broader geographic representation, researchers can ensure that their findings are more representative and applicable to a wider range of individuals. The unique challenges doctors face in different locations could influence how fear of death, mental well-being, and work performance interact. Despite these considerations, our research serves as a starting point for more investigations into how fear of death impacts the lives and work of young doctors.

Implications

The findings of the current study hold important implications for organizational psychologists and counselors working with individuals who experience challenges related to fear of death, low psychological health and disrupted work performance. With a better understanding of the relationships between these variables, professionals can tailor their interventions and therapeutic approaches to address the specific needs of their clients.

Based on the results, interventions can be designed to enhance Psychological

Wellbeing among individuals struggling with fear of death. Techniques such as cognitive behavioral therapy, mindfulness training, and social skills development can be incorporated to improve emotional awareness, self-regulation, empathy and fear management. By enhancing psychological well being, individuals may be better equipped to manage fear of death.

In addition, the findings of the study may lead to the development of interventions aimed at promoting social support and help among individuals suffering from fear of death. Organizational psychologists and counselors can focus on helping clients build and maintain strong social networks, identify sources of support, and develop effective communication and problem-solving skills within their relationships.

Furthermore, the workplace environment can be made in such a manner where young doctors are allowed to talk about the stressors leading to disturb their mental health. Assistance from senior medical officers could be promoted for the encouragement to the young doctors in a medical setting.

Moreover, the results of the study can inform the development of preventive interventions targeting individuals at risk of experiencing negative consequences due to low psychological well being, lack of work engagement and increased fear of death. By identifying fear of death, individuals who may be more vulnerable, professionals can implement early intervention strategies to mitigate the potential negative effects. These

interventions can focus on building emotional resilience, fostering social connections, and providing resources for seeking help and support.

Overall, the findings of this study offer valuable insights that can be translated into practical applications within organizational psychology and counseling settings. By incorporating these findings into therapeutic approaches and intervention strategies, professionals can contribute to the well-being and improved mental health outcomes of individuals struggling with fear of death, psychological wellbeing and fear of death.

The results of the current study can assist organizational psychologists and counselors in their work with clients who struggle with low psychological well being, work performance and increased fear of death. They can create various therapies or coping mechanisms to improve emotional intelligence to handle depression. The results of this study can be used to develop interventions to clarify ways to avoid negative consequences.

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Appendices

APPENDIX A

 **david.lester** <d93351024@gmail.com> 12:55 (1 hour ago) ☆ 😊 ↶ ⋮
to me ▾

Thank you for reaching out and for your interest in using the Social Appearance Anxiety Scale (CL_FODS) in your research study. I appreciate your thorough explanation of your project's objectives and how the CL_FODS will be integrated into your study.

After careful consideration, I am pleased to grant you permission to use the CL_FODS in your research, as described in your email. I'm glad to learn about the contribution of the CL_FODS to your study, and I trust that your research will provide valuable insights into the field.

As part of the permission, please ensure that you adhere to the following conditions:

- Include the proper citation in all research materials: "The CL_FODS has been reproduced with permission.
- Direct participants to the CL_FODS website (www.CL_FODS.com) for additional information about the scale.
- Include the copyright symbol © on the test as it appears in your study materials.

I appreciate your commitment to ethical research practices and your willingness to comply with copyright regulations. If you have any further questions or require additional information, feel free to reach out.

I wish you the best of luck with your research, and please do not hesitate to share your results if you intend to publish your work. I am interested in contributing your findings to the research database being developed on the CL_FODS website.

Best regards,

Schaufeli, W.B. (Wilmar) Thu, 18 Jan, 16:18 (1 day ago) ☆ 😊 ↶ ⋮
to me ▾

Dear Ayma,

Thank you very much for your interest in my work.
You may use the UWES free of charge, but only for non-commercial, academic research. In case of commercial use, we should draft a contract.
Please visit my website (address below) from which the UWES can be downloaded, as well as all my publications on the subject.
Good luck with your research.

With kind regards,

Wilmar Schaufeli

Wilmar B. Schaufeli, PhD | Professor emeritus of Work and Organizational Psychology | *Social, Health & Organizational Psychology* | Utrecht University | P.O. Box 80.140, 3508 TC Utrecht, The Netherlands | Phone: (31) 6514 75784 | Site: www.wilmarschaufeli.nl | [citations](#)

Ayma Javed Hello Mr.Tennant. I hope you're doing well and this email finds you in your best health. . I am writing this...23:27 (15 minutes ago) ☆

Ruth Tennant 23:29 (13 minutes ago) ☆ 😊 ↶ ⋮
to me ▾

Dear Ayma,

Thankyou for reaching out, I am pleased to grant you permission to use the Warwick Edinburgh Mental Wellbeing scale in your research, as described in your email. I'm glad to learn about the contribution of the Warwick Edinburgh Mental Wellbeing scale to your study, and I trust that your research will provide valuable insights into the field. I wish you the best of luck with your research.

Regards,
Ruth Tennant

...

Appendix B

I am Aaima Javed, currently pursuing my research BS in Psychology at Capital University of Science and Technology, Islamabad. I would like to invite you to participate in a research study that aims to explore the association between Fear of death, psychological wellbeing and Work performance in young doctors of twin cities. The

question will inquire about your experiences, thoughts and strategies in managing your fear, as well as how that affects your psychological wellbeing and simultaneously work performance. Please be assured that your responses will be kept strictly confidential and anonymous. Your participation in this study is of great importance, and I kindly request your voluntary involvement. You are also free to withdraw at any time without any negative consequences. Your honest and sincere responses will greatly contribute to the understanding of the association of fear factors on a person's wellbeing and state of mind.

By signing below, you indicate your informed consent to participate in this research study and the data I will require from you will only be used for research purposes.

Sign

Date.....

APPENDIX C

DEMOGRAPHIC INFORMATION FORM

Gender: Age.....

Hospital status..... Marital status.....

● Government

● Private

Ethnicity.....

● Kashmiri

- Punjabi
- Sindhi
- Balochi
- Pathan
- others

Do you ever have therapy for fear of death, anxiety during your service as
doctor?.....

APPENDIX D

To	Person Person Person
Cc	Person
Bcc	Person
Subject	

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INSTRUCTIONS: Indicate the extent to what you have felt about your emotions **OVER THE PAST WEEK, INCLUDING TODAY**, and mark the most suitable answer.

	Description	Strongly Disagree	disagree	Neutral	Agree	Strongly agree
1	I fear total isolation from death.	1	2	3	4	5
2	I fear shortness of life.	1	2	3	4	5
3	I fear missing out on so many things because of death.	1	2	3	4	5
4	I fear dying young.	1	2	3	4	5

5	I fear total isolation from death.	1	2	3	4	5
6	I fear the thought of how it will feel to be dead.	1	2	3	4	5
7	I fear the thought of my death that I will never be able to think and <u>experience anything again.</u>	1	2	3	4	5
8	I fear about disintegration of my <u>body after death</u>	1	2	3	4	5
9	I fear the physical degeneration of my body after death.	1	2	3	4	5
10	I am concerned about the pain involved in dying.	1	2	3	4	5
11	I am concerned about intellectual degeneration of the brain in old age.	1	2	3	4	5
12	I fear that my abilities will be limited if I	1	2	3	4	5

	lay dying.					
13	Being afraid of uncertainty show barely you will face the process of dying.	1	2	3	4	5
14	I fear having a lack of control in the process of dying.	1	2	3	4	5
15	I am afraid about the possibility of dying in the hospital all alone.	1	2	3	4	5
16	I fear losing someone close to me.	1	2	3	4	5
17	I fear seeing dead bodies.	1	2	3	4	5
18	I fear the thing of never being able to communicate with my loved <u>one</u> .	1	2	3	4	5
19	I fear that my abilities will be limited if I lay dying.	1	2	3	4	5
21	I fear growing old alone without my <u>people</u> .	1	2	3	4	5

22	I am afraid of being lonely without my people	1	2	3	4	5
23	I fear being guilty that the person is <u>dead.</u>	1	2	3	4	5
24	I am having trouble seeing a person suffering from pain.	1	2	3	4	5
25	I am concerned about being with someone who is dying.	1	2	3	4	5
26	I am not comfortable having a person talk to me about death.	1	2	3	4	5
27	I cannot stand seeing physical degeneration of a person's body.	1	2	3	4	5
28	I am worried about not knowing what to do about my grief about losing a person when I am with them.	1	2	3	4	5

29	I find it hard watching the deterioration of a person's mental abilities.	1	2	3	4	5
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Please check the best description of how you have felt about your emotions OVER THE PAST FEW DAYS, INCLUDING TODAY and choose the best possible answer depicting your emotions respectively.

		Strongly disagree	disagree	Neutral	agree	Strongly agree
1	I have been feeling optimistic about the future.	1	2	3	4	5
2	I have been feeling useful.	1	2	3	4	5
3	I have been feeling relaxed.	1	2	3	4	5
4	I have been feeling interested in other people.	1	2	3	4	5
5	I have had energy to spare.	1	2	3	4	5
6	I have been dealing with problems well.	1	2	3	4	5
7	I have been thinking clearly.	1	2	3	4	5
8	I have been good at myself.	1	2	3	4	5

9	I have been feeling close to other people.	1	2	3	5	5
10	I have been feeling confident.	1	2	3	4	5
10	I have been able to make up	1	2	3	4	5
11	I have my mind about my own things	1	2	3	4	5
12	I have been interested in new	1	2	3	4	5
13	I have been feeling afraid	1	2	3	4	5
14	I have been feeling cheerful. 1	1	2	3	4	5

Instructions: Choose the best possible answer that must be depicting your feelings and emotions.

	Description	Strongly disagree	disagree	neutral	agree	Strongly agree
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1	At my work I feel bursting with <u>energy</u> .	1	2	3	4	5
2	At my job I feel strong and vigorous.	1	2	3	4	5
3	I am enthusiastic about my job.	1	2	3	4	5
4	My job inspires me.	1	2	3	4	5
5	When I get up in the morning, I feel like going to work.	1	2	3	4	5
6	I feel happy when I work intensely.	1	2	3	4	5
7	I feel proud of the work I do.	1	2	3	4	5
8	I am immersed in my work.	1	2	3	4	5
9	get carried away when I am working.	1	2	3	4	5