

Instructional strategies for Necrophobia among student nurses in Zimbabwe

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Abstract

The study investigated factors influencing the formation of necrophobia among student nurses in Zimbabwe. A purposive sample of seventy student nurses and forty-one qualified nurses and nurse tutors participated in the study. Data were collected using questionnaires, observation guide and documentary analysis. Researchers also analysed students' notes on last processes and tutors' schemes on shrouding to get an in depth understanding of how they approached a sensitive topic like shrouding. Practical lessons on shrouding were observed to see the tutors' and student nurses' reactions to the deceased. The study found that: lack of exposure to the hospital environment, cultural beliefs, gender and age were the major factors contributing to the development of necrophobia. The findings of the study are that fear of shrouding is more common in female than their male students. The study recommends an incremental model to teaching the last processes. Student nurses can start by discussions of stories about the dead. They can read literature on shrouding and make class presentations. They can visit intensive care units to familiarize themselves with the seriously ill. They can participate by conveying corpses from wards to the mortuary. Theory lessons on the last processes can be held. They can observe qualified nurses carrying out the last processes before practical lessons on last processes. The study recommends further studies on necrophobia on another group of people who handle dead bodies like the police and soldiers.

Key Words: Nurse Instruction, Necrophobia, Student Nurses

1. Introduction

Myths and misconceptions cloud the nursing profession so much that students who enroll for nursing do not have a clear understanding of what nursing is and is not. In addition, the recruitment of student nurses does not screen those who fear the dead. Student nurse recruitment screening is based on academic qualifications and structured interviews as required by the Statutory Instrument number 23b of the Ministry of Health and Child Welfare (2005: 245). The interview only concentrates on one's interests in the nursing profession. Questions concerning death and the deceased are not asked yet they are critical to the student nurse. Heidgerken (2003) justifies the need for asking questions about death during student nurse recruitment interviews by pointing out that, students who enroll for nursing are in their late adolescence and some are adults who can make a better personal and social adjustment to their new environment. They need an accurate view of nursing during the interview.

Diekelman et al (1989) defines nursing as a humanistic science dedicated to compassionate for maintaining and promoting health, preventing illness, caring for and rehabilitating the sick. In this definition, dying patients are not mentioned although they are an inevitable component of the nursing practice itself. Nursing key result areas do not involve taking care of the dead but involves providing care to the dying and deceased. Although the concept of death is underplayed in nursing, student nurses suffer from emotional problems especially necrophobia which interferes with their scholastic performance as nurses. In this study necrophobia refers to an irrational fear of the dead, the dying, corpses and everything related to death. It is important then, for nurse tutors to explore factors and possible instructional strategies to reduce the effects of necrophobia on student nurses' practice during shrouding.

Although shrouding is a requirement for all nurses, intuitive responses to cultural discussions about avenging spirits and superstitions provide fertile ground for necrophobia. Cultural beliefs against the nurse's contact with the dying and dead make life difficult for the first year student nurse. He/She has to assume the dominant supportive role as the patient shifts from life to death. Some student nurses are also afraid of getting in contact with dying patients because the dying are not only persons to them but become the personification of fear of their

own death. These days with the dawn of HIV/AIDS and Ebola it is critical for nurse tutors to instruct student nurses appropriately to reduce the effects of necrophobia.

According to Giger and Davidhizar (2009), Nightingale laid the foundation for professional nursing which is still practiced today. The practices increase the exposure of student nurses to hospital activities before their first attachment in the clinical area. Unfortunately the guiding literature is not vocal enough about the dying and their care. In their everyday practice, student nurses are compelled to help the deceased complete their circle of life. Hence death is a part of the ebb and flow of life. Everyone has to see death someday thus Diekelmann (1989:201) exclaimed that "Of all the wonders that I yet have heard, it seems to me most strange that man should fear, seeing that death, a necessary end will come when it will come."

As a result a classroom approach to a delicate topic such as the end of life care presents a challenge to nurse tutors. Introducing students to the dying and dead requires instructional methodologies much more than the lecture and demonstration. Robinson (2004) suggested that a deeper understanding of death and emotions experienced by student nurses might be accomplished by adding simulation to the lecture. Simulation activities demonstrate the real world of emotions, fear and grief after death but can not present the real encounter with a dying and dead patient.

Statement of the Research Problem:

First year student nurses show signs of necrophobia which disturbs their learning and performance. The majority of them across the globe report agonizing experiences concerning their first encounters with the deceased persons and all sorts of things associated with death. Becker's (1988) Terror Management Theory points out that death anxiety is not only real, but also a most profound source of concern. Becker (1988) declared that the anxiety is so intense that it can generate fears and phobias of everyday life. Therefore the existence of necrophobia is a reality among the students of nursing as it is among some other people.

Jerep (2011) reported that her hands were sweating, heart pounding and his throat was dry and parched when he did his first shrouding procedure. Some student nurses may also consider quitting the nurse training course. Terry (2010 : 37) confessed that "I am scared of death, dying and deceased persons. I have a phobia, real anxiety when it comes to this and this is making me second guess my career choice".

The nursing curriculum content includes teaching student nurses how to shroud dead bodies. Its' methodology calls for demonstration using dolls before students go for their first clinical attachment. Students are also encouraged to seek counseling from their tutors and mentors when their fear of the deceased persons becomes overwhelming. However, these efforts are usually crippled by the first mortuary visit during their first hospital tour. In addition, first year student nurses are not allowed to care for the critically ill patients who usually die in hospitals. The student nurse is only handed over the corpse of someone he/she did not have a chance to predict his or her death but only to carry out after-death care. Shrouding of dead bodies is part of the first year student nurse's job description. The essence of this study is therefore to find instructional ways of reducing the effects of necrophobia among student nurses.

Research Questions: The study was guided by the following research questions:

- 1) What is the distribution of student nurses affected by necrophobia?
- 2) What factors influence the formation of necrophobia among first year student nurses?
- 3) What instructional strategies can be used to reduce necrophobia among first year student nurses?

Hypothesis: The researchers raised the statistical pair of hypothesis:

H₀: Necrophobia is not associated with age.

H₁: Necrophobia is associated with age

Significance of the study

In Zimbabwe, not much has been written on the management of necrophobia among student nurses. This study explores factors contributing to necrophobia as a basis for improving instruction on the final process such as shrouding and morgue management. Its findings contribute literature on managing nurse necrophobia. Nurse tutors can use it as a source of insights and debate on nurse instruction for the patient's last processes.

2. Theoretical Underpinnings

Since necrophobia is a responsive behavior, the study was informed by the Adaptation Theory proposed by Sister Calista Roy (1976). Adaptation means responding positively to environmental changes. The Adaptation Theory describes a human being as a bio-psycho-social being who thrives within his/her environment. Roy (ibid) explained that a person is naturally endowed with four modes for survival against natural adversaries like death. The modes are physiologic needs, self- concept, role function and inter-dependence. Each of them is discussed below.

2.1. Physiologic mode

According to Kozier, Erb and Blais (1997), the physiologic mode involves the body's basic physiologic needs and ways of adapting to activity, rest, nutrition and elimination. In most cases, phobias trigger the fight, flight or freeze response due to a perceived harmful event or threat to survival. According to Cherry (2004), the fight, flight or freeze response refers to a physiological reaction that occurs in the presence of something terrifying, either mentally or physically. The response however, can be triggered by both real and imaginary threats as in necrophobia whereby the cause may not be determined. When properly instructed, student nurses' reactions to the dead can be reduced from the fight, flight and freeze response to enable rational action.

Student nurses suffering from necrophobia will report the following signs of physiologic mode; an increase in heart rate, blood pressure and breathing rate. After the threat is gone, the body will return to its pre-arousal levels of normal heart rate, blood pressure and respiratory rate. Researchers inferred that, for the new student nurse to adapt to the new hospital environment, he/she needs to undergo a controlled first stage of a general adaptation syndrome (fight, flight or freeze response) that regulates stress responses among organisms. Nurse tutors need instructional strategies to control student nurses' experiences of the physiologic mode.

2.2. Self concept mode

When Roy (1976) talked of self concept, he/she was referring to two components namely, the physical and the personal self. According to Kozier, Erb and Blais (1997), the physical self involves sensation and body image. The personal self involves self ideal, consistency, and the moral self. Self concept is therefore a collection of beliefs about oneself that includes elements like gender roles, sexuality and racial identity. In other words, self concept is a descriptive component of one's self perception. A nurses' self concept builds confidence. When the student nurse is able to carry out a shrouding procedure alone or without fear it therefore follows that he or she can safely identify self as a competent nurse trainee. The student can also answer the "who am I" question in the nursing fraternity. On the other hand, when a student nurse's self concept mode is destroyed by necrophobia, the student loses confidence in learning to nurse. Nurse tutors are the first field marshals that the student nurse encounters. They need to build student nurses' self concept through instruction and role modeling through their socialization process.

2.3. Role function mode

The role function mode is determined by the need for social integrity. It refers to the performance of duties based on given positions within society. The implication of this mode is that, after going through the physiologic mode of panic attack and the self concept mode of self identification, the student nurse can understand and perform her duties which include providing after death care to the deceased patients. Dependence on others becomes critical for the student nurse during their encounter with the dying and dead.

2.4. Interdependence mode

According to Kozier, Erb and Blais (1997), the interdependence mode involves one's relations with significant others and support systems that provide help, affection and attention. In this mode, the student nurse needs to maintain a balance between independence and dependence in his or her relationships with other students, qualified nursing staff and tutors since they are the sources of companionship. Hanson (1984), added that, dependent behavior includes affection and attention seeking. Independent behavior includes mastery of obstacles and initiative taking. In fact, shrouding a dead body for the first time is stressful and requires support. Researchers noted that, the student nurse has an adaptive system which requires help from significant others

within the school. In this study, the goal of nursing education is to promote adaptive responses using the four adaptive modes described above to control the effects of necrophobia on student nurses' learning.

2.5. Symptoms of Necrophobia

Webster (2010) noted that necrophobia presents itself in many ways. A person suffering from it may avoid any activities that can risk death. Things like heights, violent situations as well as any media that portrays death in any way can stimulate necrophobia. Even coffins and grave yards, can disturb people with necrophobia. In extreme cases, necrophobia develops into psychiatry.

According to the American Psychiatric Association (1994), a person with necrophobia may also fear the imagination of corpses everywhere, or that he/she will find a dead body. He/she may suffer from panic attacks when exposed to things that remind him/her of death. Such things like a church, a tombstone, or the dead body of an animal frighten people with necrophobia.

Jan (2010) also pointed out physiologic symptoms of necrophobia which include shortness of breath, rapid breathing, irregular heartbeat, sweating, dry mouth and shaking, feeling sick and uneasy, psychological instability, and an altogether feeling of dread and trepidation. In everyday language, the words, "people of nervous disposition" are used to denote people with necrophobia. For ordinary people, fear of death is not necessarily bad. It is part of the natural defense mechanism from the physiologic mode for survival. It is not desired for nurses because it affects their day to day activities such as the administration of both intramuscular and intravenous injections and suturing of wounds. What is required are instructional strategies to manage necrophobia among student nurses.

2.6. Instructional strategies to reduce Necrophobia

Terry (2012) advises that since there is no one cause of necrophobia among student nurses there is also no one-size-fits-all strategy that can be used to reduce it either. He suggests the desensitization method in which student nurses are gradually exposed to dead bodies. This method is based on the assumption that, gradual introduction builds a psychological courage making dead bodies less frightening.

According to Terry (2012), cognitive behavioral therapy can also be used to help the person control his/ her thoughts and look at those things that trigger the fear differently. An analysis of one's life, habits, attitudes, and experiences will often reveal some of the underlying causes of necrophobia, though for many sufferers, the fear is irrational and a cause may not be found at all. If this is the case, the mental health professional may design a treatment method that does not rely on finding the cause but instead seeks to help the sufferer find ways to cope.

In developed countries like Australia, the use of simulation technology in nursing programs has grown rapidly. Frankl (1998) encourages the use of simulation method of instruction arguing that it allows the creation of a patient scenario with presentations of signs and symptoms that allow students to interpret and act on information. In addition, simulation allows students to care for a patient and react to changes in the patient's condition without causing harm. Simulation can also promote acquisition of clinical competences. Quinn (2000) also supports simulation by pointing out that active learning, where students participate in activities such as role playing, simulation, and open discussion, not only enhance their clinical reasoning, but also allow for development of clinical skills needed to support each other.

The thought of death causes a different degree of anxiety for different individuals, depending on many factors and religion is one of them. Christianity is one religion that provides opium to people in issues related to death. Christians have got a lower sense of anxiety towards death. Flavel (1978) observed that death is the only way to complete the happiness of a Christian's soul. Hence death must do the kind office of removing this veil of flesh which separates one from God. From this perspective, the researchers concluded that death anxiety tends to be lower in individuals who regularly attend religious meetings or gatherings. In Zimbabwe, however, people do maintain two religions which are Christianity and traditional. The belief in both religions makes it difficult for the student nurse to completely believe that the dead are unconscious of everything and they cannot do any harm to the living.

2.7. Factors affecting Necrophobia

Giger and Davidhizar (2009) explained that in the past, people often died at home and bodies were prepared for burial by the elderly family members. A casket might sit in a home for several days while people came to pay their respects. Due to this shift from old to new practices, the idea of death and dying was being effectively removed from the everyday lives of the young.

However for some student nurses, necrophobia is not necessarily due to lack of exposure but it could be due to some childhood psychological fixations as hypothesized by Freud (1835-1918). It is not actually death that people fear, because nobody believes in his/her own death. Denial helps to reduce necrophobia. The unconscious do not deal with the passage of time or with negations, which does not calculate the amount of time left in one's life. Furthermore, that which one does fear cannot be death itself, because one has never died. Freud (1835-1918) concluded that, people who express death-related fears are actually trying to deal with unresolved childhood conflicts that they cannot come to terms with. Allowing student nurses to talk about their past nasty experiences provide an outlet which can reduce necrophobia.

Unexplained cultural practices associated with the dead also promote necrophobia. Berman and Snyder (2011) noted that some Africans have a custom of removing a dead body through a hole in the wall of a house, and not through the door. The rationale is to make it difficult (or even impossible) for the dead person to remember the way back to the living, as the hole in the wall will be immediately closed. Sometimes the corpse is removed feet first, symbolically pointing away from the former place of residence. A zigzag path may be taken to the burial site, or thorns can be strewn along the way, or a barrier erected at the grave itself to stop the dead from coming back. Such practices may imply that, the dead can affect the living, hence the need to keep them away. Student nurses at Chinhoyi Provincial Hospital School of Nursing are Africans who were born and bred in the African culture and beliefs, therefore their fear of death may be due to these cultural beliefs.

According to Heidgerken (2003), age is also another element that can influence necrophobia among first year student nurses. The majority of them are in their late adolescence. They are still struggling to come to terms with some realities of life. Issues of death are also one of the painful realities to a young adult. Kurlycheck and Trenner (1982) observed that it is during the years of young adulthood (20 to 40 years) that death anxiety most often begin to become more prevalent. Menyweather-Woods (1992) also concurs with Kurlycheck and Trenner (1982) who found that among the men who participated in his research, those aged between 19 and 35 years feared death more than those who were sixty-five years and older. One can explain this as a result of lack of exposure. The sixty-five year olds have been exposed to more incidences of death than the nineteen year olds.

According to Basavanthappa (2004), nursing was a profession for women than men. Thorson and Powel's (1984) study on death anxiety revealed that the prevalence of death anxiety is often higher in women due to increased responsibility and status. The explanation is that women's fear of their children being alone and defenseless when they die, is a major attributor to death in general being such a fearful demise. From this angle the researchers wondered whether there can also be a strong connection between necrophobia and gender.

2.8. Studies on Necrophobia

Since necrophobia can affect different people globally its variations also differ. Wong (1999) claimed that Iran is in the group of countries where the nuclear family, based on marriage, prevails hence losing a member due to death is greatly feared. Harrawood et al (1996), explained that, in nuclear families relations and sentiments are so strong that the family members will be severely struck if their loved one has died. According to Wong (1999), the overall national curriculum for registered nursing education in Iran includes just a few hours of academic education about death. This further makes the concept of death and dying a frightening topic among Iranian students. The researchers recognized that the social life and the curriculum of the Iranian nursing students expose them to necrophobia.

The University of Padova (2011) carried a comparative analysis of the attitudes of Iranian nursing students and the Swedish nursing students towards death. The study showed that the concepts of death and the dying are laden with historical, political, social, and theological implications that are unique to every given country. Iran is ruled by the authority's theocrats and is regarded as a religious country, while Sweden is regarded as a secular country. Such knowledge may contribute towards increasing the understanding of how to improve the instructional

methods for student nurses to allay necrophobia

Larry Cameron Menyweather-Woods from University of Nebraska – Lincoln (1992) investigated whether world view, racial socialization and religion influence the death anxiety and death attitude of Black Americans men aged 19–35 and 65 years and older. They found that the younger group had more death anxiety than the older men. These findings supported Kurlycheck and Trenner (1982) who found that necrophobia is associated with age. The younger the student nurse, the more vulnerable to necrophobia he or she becomes. This observation calls for the hypothesis test for association between necrophobia and age in Zimbabwe’s context.

Developmental Psychologist, Erikson (1902-1988), formulated the Psychosocial Theory which explained that people progress through a series of crises as they grow older. The theory also explained that once people reach the latest stages of life, they reach the level of “ego integrity”. Ego Integrity is when one come to terms with his or her life and accepts it. It was also suggested that when a person reaches the stage of late adulthood he or she becomes involved in a thorough overview of his or her life to date. When one can find meaning or purpose in his or her life, he or she has reached the ego integrity stage. In opposition, when an individual views his or her life as a series of failed and missed opportunities, then he or she does not reach the ego integrity stage. Elders that have attained their stage of ego integrity are therefore believed to exhibit less fear and worry about death.

Similar to Erikson’s Psychosocial Theory, Tomer and Eliason (1996) suggested the Regret Theory. It targets the way people evaluate the quality or worth of their lives. The possibility of death usually makes people more anxious if they feel that they have not and cannot accomplish any positive task in their lives. From this angle one can conclude that, since necrophobia is associated with low self esteem among adults it may be explained by the regret theory.. It is critical then, for nurse tutors to develop student nurses’ self esteem through positive instruction.

Thorson and Powell (1984) did an investigation on the gender that is mainly affected by fear of death, and they sampled men and women from 16 years of age to over 60. The Death Anxiety Scale showed higher mean scores for women than for men. These results call for the testing of the hypothesis of association between necrophobia and gender in Zimbabwe.

Hossain, (2006) of Bangabhandhu Sheik Mujib Medical University and Medical College for Women and Hospital formulated the Death and Adjustment Hypotheses which were:

(1) Death should not be considered the end of existence. (2) The belief that the immortal pattern of human existence can only be adopted in a morally rich life with the attitude towards morality and materialism balanced mutually.

Wong (2008) also coined the Meaning Management Theory which indicates that human reactions to death are complex, multifaceted and dynamic. In his theory he proposed ten meanings of death to different people. They are explained by the words; finality, uncertainty, annihilation, ultimate loss, life flow disruption, leaving the loved ones, pain and loneliness, prematurity and violence of death, failure of life work completion and judgment and retribution centered. All these meanings of death may stimulate different reactions towards death to different individuals with necrophobia being related to annihilation, pain and loneliness.

Slaughter and Griffiths (1990) did a study on the existence of fear of death in young. They studied 90 children from 4 to 8 years. Results showed that a more mature understanding of the biological concept of death was correlated to a decreased fear of death. If people are not mature enough they are at risk of developing necrophobia. Student nurses in Zimbabwe’s nursing schools are still immature and as a matter of correlation may also suffer from necrophobia.

3.0. Research Methodology

3.1 . Research design

This study was guided by a descriptive survey case study research design. Kothari (2004:37) advised that “descriptive research studies are those studies which are concerned with describing the characteristics of a particular individual or a group of people”. In this study descriptive surveys describe the nature of necrophobia

among student nurses. Walliman (2005: 131) added that “in human research, a descriptive study can provide information about naturally occurring health status, behavior, attitudes or other characteristics of a particular group”. It is a survey since data was collected by asking questions. It is a case in that, it involves participants from one institution, is concerned with one phenomenon (necrophobia) and one group of first year students.

3.2. Research Instruments

In this study, researchers used two self-designed questionnaires (one for the student nurses and the other one for qualified nurses and nurse tutors) and an observation guide as the data collection instruments. Researchers also analysed student nurses’ and nurse tutors’ notes on shrouding to see if what they learn in the classroom correlates with what is in the syllabus. Nurse tutors’ schemes of work on the last offices were considered rich sources of the instructional methods and content sequence for this study. Schemes also indicated nurse tutors’ interpretation of the nursing syllabus.

Questionnaires captured participants’ demographic data and factors associated with necrophobia. In addition, questionnaires sought suggestions on how necrophobia can be reduced among student nurses. Major advantages of a questionnaire that attracted the researchers among other instruments have been pointed out by Walliman (2005:282) who suggested that questionnaires can be relatively economic, in cost and time. They solicit data from a large number of people within a short time. The respondents will also get time for checking facts which will in turn reduce inaccurate data being collected.

The other factors considered for questionnaires as an instrument for data collection are that:

The subject “necrophobia” is sensitive and requires individual responses. The population (student nurses, qualified nurses and tutors) is literate. They are able to understand and record their responses. Questionnaires capture individual experiences. They can be stored for references if need calls for.

3.3. Population

The population for this study comprised of student nurses, qualified nursing staff and the nurse tutors in five schools of nursing in Zimbabwe. The issue of nurse necrophobia is cross-sectional and anyone in the nursing field could have experienced this problem at one point or another when they enrolled for nursing. Qualified nurses were rich sources of information concerning the existence of necrophobia among student nurses since they are the ones mentoring them from the first day of their clinical placement. Nurse tutors were also valuable sources of information since they encounter nurses affected by necrophobia. Their knowledge of teaching provides a basis for instructional method for shrouding and after death care of deceased people.

3.4. Sampling

According to Chinamasa (2012) sampling is the selection of participants subjected to the test on behalf of the population. Since the total number of student nurses was known, probability sampling was appropriate. Simple random sampling was applicable in this study because the information concerning fear of death to be obtained was assumed to be uniformly distributed among student nurses. Student nurses’ employee code numbers were matched with the last four digits of random numbers generated by a computer. The other advantages of simple random sampling considered by Schindler and Cooper (2001) are that: Simple random sampling is unbiased and most fair. It captures almost all variables within the population, hence a presentation of the total population. A sample of 70 student nurses and 41 qualified nurses and nurse tutors participated in the study. The sample size of 111 participants is large enough for the variable to be normally distributed and findings generalized to the population.

3.5. Data Collection

Researchers designed two questionnaires for this study. One questionnaire was for student nurses and the other one for the qualified staff and nurse tutors. Permission to study factors influencing necrophobia among first year students was sought from the medical superintendent of Chinhoyi Provincial Hospital. He is the overseer of the hospital and the school of nursing. Pilot testing was done using student nurses, qualified nursing staff and nurse

tutors from Chitungwiza Provincial Hospital. Researchers administered questionnaires personally to the sampled individuals to help the respondents overcome difficulties with the questions. Personal delivery also ensured a high response rate. The questionnaires were collected the following day because the researcher wanted to give respondents time for checking facts.

Sampled students and nurse tutors submitted their notes on carrying out last offices for analysis of accuracy and quality of notes given. The procedure manual of shrouding dead bodies was also analysed to see if what is expected tallies with what is being done. Researchers also observed lessons on shrouding to see the instructional strategies used by the tutors and the reaction of students to this delicate topic.

3.6. Data Analysis and Presentation

As a way of inspecting, cleaning, transforming and modeling data with the goal of discovering useful information, suggesting conclusions and supporting decision making, researchers screened the questionnaires for completeness and answering of key questions. Data was transferred to a tally sheet, question by question comparing and contrasting the answers brought forward by the respondents. Descriptive data was presented by graphs. Narrative responses were presented verbatim to preserve the connotations in the words.

Hypothesis testing was carried out using a chi-squared test of association at 5% level of significance. The variables gender and necrophobia are non-parametric, categorized and recorded as frequencies.

4.0. STUDY FINDINGS

4.1. Participants' Demographic Data

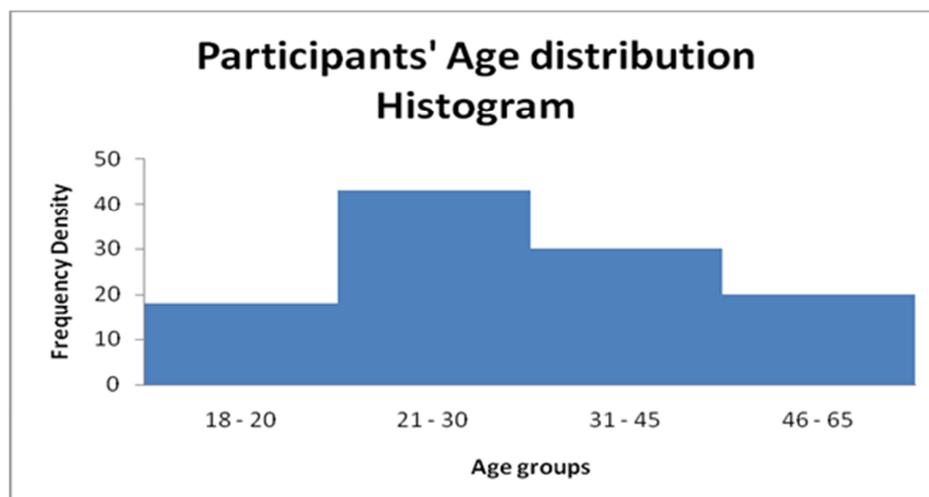
Participant distribution by Gender:

N = 111

Gender	Female	Male	Totals
Students	57	13	70
Nurses	32	9	41
Totals	89 (80%)	22 (20%)	111

The majority of participants are in the nursing profession are females. The results can be linked to a feminism perspective of nursing as a female profession. Findings are dominated by female perceptions. The distribution also shows that nursing in Zimbabwe is a female dominated profession.

4.2. Participants' distribution by Age. N = 111



The majority of participants (39%) are in the age group (21 – 30). The group is composed of students and young nurses prone to necrophobia. The idea that young age predisposes people to necrophobia has also been pointed out by Larry Cameroon Menyweather-Woods (1992), whose study showed that the younger age group had more death anxiety compared to their older (60 plus year olds). However, (18 %) of participants were mature (above 46 years). These are adults who can manage their changing environment, hence the employment of the Adaptation Theory in this study is appropriate.

4.3. Signs and symptoms of necrophobia

Participants reported different signs of necrophobia attacks. The physiological symptoms they reported includes shivering when exposed to the dead. For example participant T. said, *“I had long time visions of the dead person’s face and naked body. I got disturbed.”*

Participant X. said, *“I lost my appetite after my first shrouding lesson. At times the visions became tremors.”*

Psychological symptoms reported includes: failure to concentrate, hesitancy and even fear to sleep alone in their rooms. The American Psychiatric Association (1994) explicitly pointed out that a person with necrophobia may also fear that there are corpses everywhere thus the students can also be afraid of finding imaginary dead bodies in their rooms. We deduced that, necrophobia affects the student not only in the ward but follows her into her room and general life. It may last longer than the training course itself.

Emotional signs of necrophobia have been associated with fear of touching a dead body or entering a shrouding room. Qualified nurses and nurse tutors confirmed that necrophobia exists among student nurses. Noted symptoms include, shivering during demonstration. In severe cases, students disappear from the ward when a death occurs. Researcher also observed that some student nurses closed their eyes during a lesson on shrouding.

4.4. Hypothesis testing

H₀: There is no association between fear of shrouding and gender among student nurses.

H₁: There is an association between fear of shrouding and gender among student nurses.

4.5. Chi-square table of values: Student nurses reactions to Shrouding N = 70

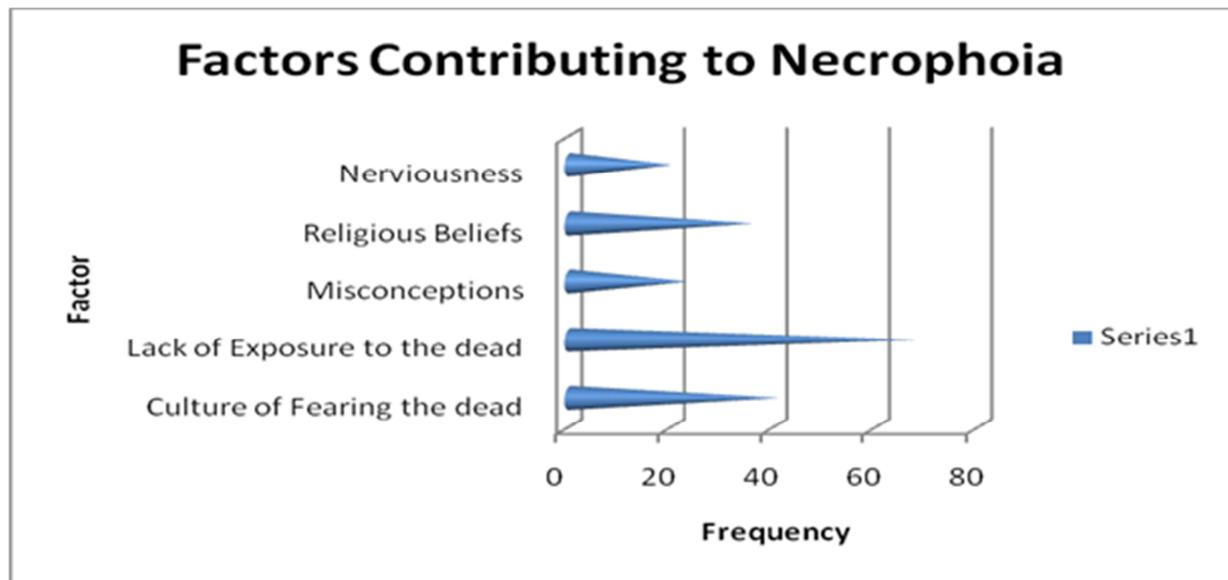
REACTIONS TO SHROUDING			
GENDER	FRIGHTENED	NOT FRIGHTENED	TOTAL
MALE	4 (7.3)	9 (5.8)	13
FEMALE	35 (31.7)	22 (25.2)	57
TOTAL	39 (56%)	31 (44%)	70 (100%)

The table shows the observed and (expected) frequencies in brackets. Findings show that, the majority of students are afraid of shrouding.

At 5% level of significance, $v = (2 - 1)(2 - 1) = 1df$, the critical value for $\chi^2 = 3.841 < \text{calculated } \chi^2 = 4.01$. We reject the null hypothesis and conclude that, there is an association between fear of shrouding and gender. The majority of female nursing students (61%) are afraid of shrouding compared to (31%) male student nurses who are afraid of shrouding. What is surprising is that, while more woman are afraid of shrouding, in Zimbabwe’s traditional culture the corpse is cared for more by woman. At funerals woman stay and sleep in the same room with the dead. One respondent pointed out that, the corpse will be in a coffin and not exposed naked as is the case with shrouding.

4.6. Factors contributing to necrophobia

N = 111



The majority (64%) of respondents reported lack of exposure to the dead as the major factor contributing to necrophobia. Respondents pointed out that, nowadays people are rarely dying in the home, but at hospitals. Young student nurses could therefore never have been exposed to a dead body until they enroll for nursing. The finding confirms Giger and Davidhizar (2009) who proposed that, the shift from old practices whereby people would die at home and have their bodies prepared for burial by family members contributes to student nurses' necrophobia.

Cultural beliefs (38%) ranked second. Respondents explained that Africans believe that behind every human death, something evil could have happened. The spirit of the dead will come to haunt any living person associated with the death, except the dead person's relatives. This finding supports Berman and Snyder (2011) who noted that there are a number of African cultural practices like removing a dead body through a hole in the wall of a house and not through the door. Such practices meant to confuse the dead, frighten many people and student nurses are not an exception. Students' have misconceptions that dead bodies are infectious even if the person has not died from a communicable disease, contributes to necrophobia. During this era of the AIDS epidemic, not only student nurses are worried about contracting the disease and its related opportunistic infections, but everyone is. One student pointed that, "*the sight of very ill patients with sunken eyes deep in their skulls frighten me.*"

4.7. Tutor strategies to manage necrophobia among students

This study found that, students are taught about shrouding in the classroom first. They are taken to the demonstration room where shrouding will be done on a model to prepare them to carry out the procedure on real human bodies. Qualified nurses carry out the last processes, being observed by students. Then students are assigned the last processes under a nurse's supervision.

The weakness of this strategy is that, it is focused on practical skills development, the dexterity of the task and not the psychology. In fact, dummies and real dead human bodies are different. They induce different stimulus response reactions to the student nurse. The other weakness is that, the theory tutor is not the one who takes student nurses for ward practicals.

When students show signs and symptoms of necrophobia, nurses use counseling, assisting and repeated exposure. Counseling is of paramount importance for all psychosocial disorders. Fear of death may be viewed as a normal reaction when one encounters a dead body for the first time. It only becomes a problem when the fear becomes irrational and disturbing to the student nurse. Actually Webster (2010) classified necrophobia as an irrational fear which is different and more than a simple worry about death.

Nurses also assist students with necrophobia by providing plenty reading material on shrouding or they can be assisted practically in carrying out last offices. Frankl (1998) saw the gap in the methods used by tutors and clinical instructors in orienting student nurses to topics like after death care and concluded that topics like death and palliative care are typically cursorily introduced to students.

Nurse tutors suggested that students with necrophobia should be exposed to dead bodies over and over again. This finding supports Terry (2012) who referred to this as flooding therapy. The method works by exposing students to the dead bodies so that they get used to seeing them. Since some of the student nurses suffer from necrophobia because of lack of experience and exposure to dead bodies, it therefore follows that beyond education, small doses of repeated exposure to dead bodies may help sufferers.

5. Recommendations

On the basis of these findings, the study recommends the following instructional strategies to reduce cases of necrophobia among student nurses:

- 1) Questions such as, "Have you ever attended to the body of a dead person?" should be asked during interviews. In this case non-verbal communication (facial expressions) are critical.
- 2) Plenty of reading material which include photographs of dead people, should be provided and students encouraged to read ahead so that they familiarize themselves with after death care.
- 3) Students can be asked to research and make presentations and demonstration of shrouding.
- 4) Simulation method of instruction should be employed so that the feelings, fears and worries of student nurses are explored and dealt with appropriately.
- 5) Intensive induction of students should be done by first showing them shrouded bodies in the mortuary
- 6) Students should hold sessions during which they talk about their experiences on shrouding.
- 7) The nurse tutor who teaches shrouding theory should take the students for ward practicals.
- 8) Student nurses with necrophobia should be referred to a qualified mental health nurse for effective counseling on how to deal with necrophobia. They should not just receive counseling from the general nurses they work with in the wards.
- 9) Methods of desensitization and flooding should be used to manage students with necrophobia.
- 10) Researches on other phobias among student nurses should be done to determine the major phobia that interferes with the performance of student nurses in their learning.

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