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THE RELATIONSHIP BETWEEN RELIGIOUS ORIENTATION AND DEATH ANXIETY OF HEMODIALYSIS PATIENTS

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ABSTRACT

These days mental health of the hospitalized patients is important, due to the role they have on physical health and the recovery process, such that the efforts of the specialists have been directed towards reducing tensions of hospitalization period, especially in caregivers for chronic patients. This study aimed to determine the relationship between religious orientation and death anxiety of hemodialysis patients visiting hospitals dependent on the Golestan University of Medical Sciences in 205-2016.
Methodology: This study was a descriptive and co relational study. The subjects in this study, all hemodialysis patients visiting the hospitals dependent on the Golestan University of Medical Sciences in the year 2015-2016, That, using simple cluster-random sampling selected 250 people among them and with standardized questionnaire, Alport's religious orientation, and Templer's death anxiety were evaluated.
Results: The results showed that religious orientation in the sample above the average was 6/9 + 1/56 and death anxiety below the average was 8/2 + 7 (p =0/001). The findings also indicated that there is a negative relationship between religious orientation and death anxiety. In addition, religious orientation was significantly related with variables like job, surgery, age, duration of diabetes and death anxiety also had a significant relationship with variables of education, history of surgery, duration of diabetes, sex and age. Women and men had also no significant differences in death anxiety.
Conclusion: The results of this study indicated that by increasing religious orientation in hemodialysis patients, their death anxiety declines (p=0/001). As the age of patients increase religious orientation increases and death anxiety decreases. Surgical history and duration of the disease, further education and being female, will increase death anxiety. On the other hand, by the increase in surgical experience, religious orientation increased. Duration of disease and employment reduces religious orientation.

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Introduction

Occupational, financial, nutritional, problems, concerns about issues regarding marriage, sex, fear of death, are the most typical problems which cause depression, disappointments, conflicts sense of guilt. [1]. although by using kidney dialysis patients live longer, but this disease affects the quality of their life, and in developed stages it results in impaired functional status and changes in life quality of the patients, because this treatment, at the time of diagnosis of chronic disease, can lead to dependence on others, decreased self-esteem, loneliness and spiritual crises [2]. Because patients who are spiritually more anxious and distracted suffers more which is associated with problems like pain, low self-esteem, loneliness, weakness, despair and anger [3]. More survey results indicate the high prevalence of psychosocial disorders in dialysis. Most of the studies emphasize that the most common symptoms of mental illness in dialysis patients is depression, and then anxiety [4]. This

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study aimed to determine the relationship between religious orientation and anxiety of death in hemodialysis patients visiting hospitals affiliated to Golestan University of Medical Sciences in 2015-2016.

Research Background

Anxiety is a reaction against an Unknown, inner risk whose origin is unconscious and non-restrained its origin and a number of factors different generate it. Among these, certain types based on its origin have been identified and named that Death anxiety is one of the most important one. Because of its abstruse nature, death appears to be a threat to many people. Death is an ever present reality, and each person may react to death and interpret it idiosyncratically. One of the common symptoms of psychological distress is anxiety of death [5].

Kajbaf (2014) notes that death, and death anxiety is of the basic concepts and aims of the life. According to this view, death anxiety plays a major role in internal experiences of mankind and occupied the mind of human beings in unique way [6]. Death is one of the major concerns of human beings that is conceptualized as a strong motivating force and is has been consistent with new and philosophical questions during the ages [7]. Dagrecheh , in existence point of view, the death is one of human beings present status, but the life after the death of human and destiny has less been discussed . The existed cognitive views towards death anxiety makes death as a part of cognitive structure. Although the fear of death and dying might be common to all, but the public may express their emotional reactions and attitude in different ways [8].

One of the causes of anxiety, fear of death, is negligence of values and beliefs [9]. People who have stronger faith think less about death [10]. in all patients who are suffering or dying, imploring Allah for help and calling his name name, according to religious principles, is natural .Also many patients, while in pain and crisis, when performance adjustment mechanisms do not have necessary efficiency, become more religious than past times [11]. People in times of crisis; know God as refuge and also a safe haven to refer to. Researches also showed a negative relationship between attachment to God and the fear of death. Studies also show that Societies which perform more religious practices are have less death anxiety. Also, it has been revealed that a strong belief in the life after death is known to be associated with lower death anxiety [12]. Remembering death, threatens psychological security and self-esteem of people. Having power of faith causes feeling of security and strengthening the power of faith and preserving values and enhancing faith leads to a reduction of death anxiety. In this regard the Quran says :" va eza mas alensan zar darebeh manibah elaih " it means: when the human faces a loss, it call for Lord and returns towards him (the Holy Quran, Surah Az-Zumar, verse 9) .feeling strong and faith in God, reduces fear of death [13]. Anxiety management and coping ways reduce anxiety of death and provide better care. In general it can be said that performing religious acts has been empowering to the patients and results in increasing recovery speed and reduce the pressures of life in patients [14].

Hvrnyng et al (2011) by comparing the religious and non-religious people came to the conclusion that people with higher religious ideas more stable level of meaning in life, as well as high level social protection than their non-religious groups [15]. Ramiriz et al (2012) also, in a study aimed to investigate the relationship between religious coping, psychological distress and quality of life in hemodialysis patients showed that religious struggles have positive relationship between symptoms of depression and anxiety. Thus, considering the above mentioned facts, and given that Iranian society, without a doubt, is a religious community, all social studies carried out to assess piety of Iranians claims that due to the importance of chronic kidney disease and its growing prevalence of this disease proves the importance of research in this area [16]. In order to achieve to the purpose of this study Barati answered the following questions and hypotheses:

1. How is religious orientation in hemodialysis patients?
2. How much is the level of death anxiety in hemodialysis patients?
3. What is the relationship between death anxiety by demographic factors in hemodialysis patients?
4. What is the relationship between religious orientation with demographic features in hemodialysis patients like?

Hypothesis: religious orientation is associated with death anxiety in hemodialysis patients

Materials and method

This study is a descriptive-corellational study and it has dealt with the relationship between religious orientation and anxiety of death in homodialysis patients. the research field was all homodialysis sectors of Golestan university of medical sciences including 5 azar, Sayyad Shirazi hospitals of the Gorgan city , Bagiat allah hospital of Aliabbad city, Shohadaeh hospital of Gonnabadeh kavoos city. Alejalil hospital of Aq Qala city, Amiralgmomenin hospital of Kordkoy city, Rasoul Akram hospital of Kolaleh city, Imam Khomeini hospital in the Turkmen port city , Shohah hospital of Gaz port.

The population of this study included all hemodialysis patients visiting hospitals related to the Golestan University of Medical Sciences during 2015-2016. For example, some of the patients suffering from deficiencies in kidney referring to homodialysis center dependant on Golestan University of medical sciences and dialyzed in homodialysis sectors. in order to determine the sample size according to the number of patients referring to the homodialysis centers, with the suggestions of the views of distinguished professor of Statistics, the formula was used to determine sample size it was calculated in statistical confidence level of% 95 ($z = 1.96$ and $0/05 = \sigma$ and $P = 0/05$ and error less than $d = 0.1$ 5%) . the sample size of 250 was estimated in this study. in this study, simple random cluster sampling method was used. In Golestan province, based on the information of Golestan University of Medical Sciences, there are 9 official dialysis centers where the researcher treated the patients who

were to enter into the study and then the samples were randomly selected. Data collecting lasted for one and a half month, the criteria to enter patients into the study include:

1. All study subjects be Iranian-born and Muslim
2. Have at least 2 dialysis sessions in a week, during all last six months
3. Not having obvious symptoms of psychological disorders
4. Lack of hospitalization experience in psychiatric sectors
5. Lack of any experience in using psychotropic drugs and alcohol, according to medical records.

Exclusion criteria from the study:

1. Withdrawal of subjects due to lack of tendency in continuing the research
2-issues that may occur during the study and lead to exclusion of the subject from the study. (For example, a patient died, etc.)

Data gathering tools

In this study were 3 questionnaires. The first questionnaire included demographic characteristics such as age, sex, marital status, education, duration of hemodialysis, the number of visits per week and etc .the second part of the study was intrinsic and extrinsic religious orientation of Alport. It was a 21 questions Standard questionnaire consisting of 12 items on the external orientation and 9 items on internal orientation. The items were developed based on Likert scale [17]. Reliability of the Religious orientation tool, its Cronbach's alpha coefficient was calculated equal to 0/73 in Iranian population [18]. It was confirmed In Mokhtari's study (2000) with Alpha 0/72 and the study by Rajabi and colleagues in 2001 with a correlation coefficient of 0/73 and in the study by Siddiqui et al. (2012) with alpha coefficient 0/84.

The third part of Templer's standard death anxiety questionnaire which consists of 15 items assesses the subject's point of view towards death. Subjects answer to the questions in true false fashion short answers. The true score reveals death anxiety in individuals. The score of the scale ranged between 0 to15. In this questionnaire, the score between 0- 4 indicate low death anxiety. This questionnaire scores show low death anxiety. Scores 5-9 indicate average death anxiety, scores between 10-15 show high death anxiety [19]. This questionnaire was carried out by Rajabi and Bohrani (2001) on 138 undergraduate university students in Ahvaz University and Alpha coefficient of 0.73 is obtained. In this study, Cronbach's alpha for the operating Triple factors were calculated 0/71, 0/66 and 0/58, respectively. In this study, in order to determine the validity of the questionnaire, religious orientation and anxiety of death, with an emphasis on harmony within the questions Cronbach's alpha was used which the high correlation of 0/8 was approved.

Findings

Results shows that the highest percentage (8/26%) of the patients were in the age group over 60 years and the lowest percentage (14%) was for the age group under 30 years , with The mean and standard deviation of (SD) 14 + 47. The highest percentage (51/6%) were female and the lowest percentage (48/8%) were male subjects. The highest percent (6/69%) of the subjects were married and the lowest percent (6/8%) were widows and divorced. The highest percent (32%) of the studied units had elementary education and the lowest percentage (6%) had secondary school education. The highest percentage (37/6%) of the studied units had homes and the lowest percentage (2/8%) were the other options. The highest percent of Research units (48/8%) Persian and the lowest percentage (2/4%) were from other ethnic groups. The highest percent of the study units were (70/8 percent) SHiah and the lowest percentage (29/2) were Sunnis. The highest percentage (26/8%) of the highest percentage of subjects (64/4%) were under age 5 who suffered from kidney disease and the lowest percentage (20%), who were over age 10 suffered from kidney disease. The highest percent (44/4%) of educational units were dialyzed between 1 and 3 years and the least (4%) were dialyzed for one year. The highest percept of dialysis patients (74%) did not have a history of surgery Indolic (26%). The highest percent of subjects (78/3%) were dialyzed twice a week and the lowest percent (2/8%) were dialyzed once a week (Table 1).

Table 1. Absolute and relative frequency distribution of the subjects in terms of demographic features in hemodialysis patients

Personal features / frequency of the indexes	Highest(percent)	Lowest(percent)	Mean and sd
age	Higher than 60 years (26/8%)	Lower than 30 (14%)	47-+14
gender	Female (51/6%)	Male (48/4%)	
Marital status	Married (69/6%)	Widow, divorced (6/8%)	
education	Elementary (32/2%)	Average (6%)	
religion	Shieh (70/8%)	Sunnis (29/2%)	
job	Household(37/6)	Others (2/8%)	
Period of dialysis(year)	1-3 (44/4%)	Less than 1 year (4%)	
Surgical experience	Don't have (74%)	Have (26%)	
Times of dialysis in every week	2 times in every week (78/3%)	Once in every week (2/8%)	
Duration of the kidney disease	64/4%	2%	3/98+2/49

The highest percentage of subjects (58%) had average death anxiety and the lowest (20%) have low death anxiety. The degree of death anxiety of the subjects was less than average (Table 2).

Table 2. Determining the degree of death anxiety in hemodialysis patients

Death anxiety frequency	frequency	percent
Low(0-4)	50	20
Average(5-9)	15	58
High(10-15)	55	22
total	250	100
Mean and standard deviation	7+_2/8	

The highest percentage of subjects (68%) had average religious orientation of and the lowest percentage of them (1/6) had low religious orientation. Also, the degree of religious orientation of subjects was above average (Table 3).

Table 3. Determining the extent of religious orientation in hemodialysis patients

Religious orientation percent of frequency	frequency	percent
Low(1-27)	4	1/6
Average(28-56)	170	68
High(57-84)	76	30/4
total	250	100
Mean and standard deviation	56/1-+ 9/6	

The linear regression test reveals a relationship between the religious orientation and death anxiety. Such that by increasing religious orientation (56/1+9/6) death anxiety of the Patients (7+2/8) decreases (Table 4).

Table 4. Determining the amount of external religious orientation in hemodialysis patients

Religious orientation percent of frequency	frequency	percent
Low(10-27)	112	44/8
Average(28-45)	137	54/8
High(46-63)	1	0/4
total	250	100
Mean and standard deviation	28/9-+5/9	

Table 5. Determining the degree of intrinsic religious orientation in hemodialysis patients

Religious orientation percent of frequency	frequency	percent
Low(10-20)	34	13/6
Average(22-30)	152	60/8
High(31-40)	64	25/6
total	250	100
Mean and standard deviation	26/47-+ 6/4	

It can be observed in the comparison between intrinsic and extrinsic religious orientation that external religious orientation (external) 28/91 was obtained while the inner (internal) 26/47 internal religious orientation is more scattered and more different because its variance and SD is more and inner variance of 42 and external religious variance of 32 was obtained. Comparing diagrams related to the religious orientation and tables of frequency indicates that the internal religious orientation is more average and directed towards more while the external religious orientation is average and it is directed towards less (Table 6).

Table 6. The relationship between religious orientation and anxiety of death in hemodialysis patients

variable	Mean and standard deviation	p-value
Religious orientation	56/1+- 9/6	0/001
Death anxiety	7+_ 2/8	

The religious orientation of the hemodialysis patients is different based on age, duration of disease, kidney disease and surgery. And in terms of other demographic factors, no difference is observed in religious orientation (Table 7).

Table 7. Determining the relationship between religious orientation of some demographic data of hemodialysis patients

variable	test	p-value
age	Variance- shefeh post test	0/001
gender	Independent t	0/8
job	Kruscal wallis	0/039
Marital status	Kruscall wallis test	0/015
Education	Kruscall wallis	0/22
Religion	T test	0/895
ethnicity	Kruscall wallis test	0/67
Duration of suffering from kidney disease	Anova	0/001
Duration of dialysis	anova	0/72
Number of dialysis in a week	anova	0/9
Surgery experience	T test	0/03

The anxiety of death in hemodialysis patients is different based on age, sex, education, duration of renal disease and surgery. And in terms of other demographic factors, no differences in death anxiety is observed (Table 8).

Table 8. Determining the relationship between death anxiety with some demographic features of hemodialysis patients

variable	test	p-value
age	Variance- shefeh post test	0.002
gender	Independent t	0.04
job	Kruskal-Wallis	0.9
Marital status	Kruskal-Wallis test	0.09
Education	Kruscall wallis	0.77
Religion	T test	0.387
ethnicity	Kruskal-Wallis test	0.04
Duration of suffering from kidney disease	Anova	0.001
Duration of dialysis	anova	0.1
Number of dialysis in a week	anova	0.8
Surgery experience	T test	0.02

Discussion and conclusion

First question: How is the religious orientation in hemodialysis patients?

According to the first question of the study, the results, showed the religious orientation of patients above average. Aqajani et al (2012) in their study showed the degree of religious beliefs above average so that 96 percent of participants had high beliefs [20]. Hojjati et al. (2015) showed the degree of resorting and belief in God in the cancer patients showed above average [14]. NORSKIN 9 et al (2013) showed the degree of religious orientation in chronic disease patients more than others. In this study, most patients had highly religious orientation [21]. To specify this fact , it can be said that since belief in god and religious beliefs in life crisis become more prominent and significant , specially when the disease overcome the patients and since a physical illness due to lack of certainty, inability in controlling the affairs , loneliness, can create sorrow, fear , horror , and anxiety , and since religion beliefs contribute to the thinking process in tumultuous situations . Infect, faith and religion as a coping strategies, can have positive effects on their treatment. Since many patients, at this stage, are seeking to find meaning for their lives [3].

Second question: What is the level of death anxiety in hemodialysis patients?

The results of the study, show the degree of death anxiety in patients lower than average. While, Sadeghi and colleagues (2014) in a similar study, showed the degree of death anxiety in hemodialysis patients above average [22]. Salehi and colleagues (2014) in their study with mean and standard deviation 2 + 9, showed the degree of death anxiety of patients above average [5]. Fathi et al (2015) in their study showed that more than half of patients undergoing hemodialysis have a high death anxiety [4]. In specifying these findings , it can be said that although being stricken by chronic disease results in fatigue and psychological and mental problems, this issue gradually causes death anxiety in patients and renal disease and treatment by homodialysis is a stressful process that causes various cognitive and social problems , which death anxiety is the most common one , but here some factors play an intervening role [22]. One of these effective factors is seeking meaning and

religious orientation. Fear of death is as fear of the unknown future that a person has never experienced it at all, that thinking of it exacerbates the psychological state of individuals specially patients. But this fear , so long as the perspective towards death is based on religious principles and religious belief merely as a transition from one world to another , and the belief in eternity of human beings exist there , death anxiety decreases.

The third question: how is the relationship between religious orientation with demographic features in hemodialysis patients?

Results showed a significant relationship so that the religious orientation of the people over 60 years was higher. Similar studies revealed that the degree of immaterialism and meaning orientations increases with growing of age [23], but in the study by Agajani et al (2013) by growing older the degree of association with Quran decreased [24]. HOJJATI et al (2014) show no significant relationship between the rate of resorting to prayer and age [14]. Art (2011), the elderly and middle-aged people generally are more oriented towards spirituality and religious orientation than young people [25]. That are consistent with the results of this study. That can attribute one of the reasons of its significance to abundance of middle aged people and people over 60 years old more than young people. On the other hand , growing older has a sig and it is weakening of bodies response and immune system to treatments and reductions of resistance of body against diseases. Thus by growing older, people consider the probability of increase in severity of disease and consequently sense of insecurity and anxiety increases and reduce the body's resistance to diseases [26].

Sex

Studies on the relationship between religious orientation, and "gender", showed a significant difference. Hojjati et al (2015) in his study on the amount of resorting to pray and gender in cancer patients did not show significant difference. Taheri and colleagues (2013) also did not show a significant correlation between spiritual beliefs and gender [23]. Aqajani et al (2012) showed that level of familiarity and tends to be the Quran in men is more than women [24]. As the previous researches revealed gender can not be a determining factor in the degree of orientation towards religion. On the other hand, religious neurological and psychological researches do not show differences in case readiness of men and women to acquire spiritual beliefs [27]. So sex can make a difference in religious orientation and the research question in this field is rejected.

Married

Congruous with the results: there is not a significant relationship between religious orientation and marital status. But Taheri and colleague showed that religious orientation in single people is lower than married people. To interpret this finding it can be said that many variable affect the amount of religious orientation. The married people due to the fact that they consider marriage as perfection of one faith and religion due to resolving of the emotional and sexual needs in lawful domain may have more spiritual feelings and have more tendency towards religious orientation. Thus it can be summarized such that marriage and marrying can not by it self increase religious orientation of all people, but it may also , due to marital problems and by weak religious perspective of the couples may lead to drastic decline in this case.

Nationality

In accordance with the results; religious orientation did not show a significant difference with "ethnicity". This can be interpreted in such away that, religious beliefs can be transferred by ethnic cultures and member of that community show more beliefs towards other ethnic groups [28]. An important point which is interpreted as global village and virtual space , and communication between different nations and penetration of public media among members of different ethnic groups has led to moderation in religious and beliefs of different nations. among these , according to the rapid transportation of people followed by growth in technology and cultural migration of the students in different cities and acquaintance with each other and also resolving religious miscomprehensions of the old times and realizing more and more of the stems and transparent streams which all refer to the existence of the creator of the universe , the phenomenon of moderating ideas and reduction of prejudice to some extent reduces the religious differences. Thus, different ethnic groups do not show difference.

Religion

In accordance with the results; the relationship between religious orientation with "religion" did not show a significant difference. In this case, consistent or non-consistent studies was not found inside and outside the country. To interpret this issue , it can be said that, since religious orientation evaluates a general structure that does not have much relation with religious groups and generally indicates respecting to religious and belief issues. Thus, being Shieh and Sunnis can not be effective in determining the degree of religious orientation. Since the religious orientation questionnaire was designed out the country by Alport and it does not have partiality towards Shiite or Sunni thus the evaluated scores of the patients did not reveal a special difference between two groups.

Job

Based on the results, there is a significant relationship between religious orientation and "jobs". Employees and employed people have less religious orientation. Hojjati et al (2015) also did not show a significant correlation between job and resorting to prayer [14]. To interpret this issue, it can say that, occupation, since it may resolve lawful needs of the patients, leads to higher religious orientation.

Duration one suffers from kidney illnesses

Religious orientation did not show a significant difference with "duration of kidney illnesses". In other words, by lengthening the period of illness, the religious orientation is reduced. Several studies, including Sanchez and Gilbert, 2016 and Salehi, 2015

show that people who have more external religious orientation, use religion as a tool to achieve happiness and ease, and when life conditions brings about difficulty for them, and despite the frequent recourse to prayer they get chronic diseases such as diabetes, cancer, the degree of the religious orientation decreases for them [28, 5]. To explain these findings, we can say that chronic diseases such as diabetes and severe and frequent hemodialysis experience in life, encounters people with the questions such as why me? Or which sin rendered this outcome? After a while they do not find a convincing religious answer which leads to their sentiment and weakened religious feelings. Thus, it will reveal a religiously weaker orientation.

Education

The results showed that the religious orientation of the educated people is less and in illiterate people it is more. Aqajani et al (2014) showed that the degree of religious orientation and familiarity with Quran in patients with primary and secondary education is more than highly educated people [24]. Hojjati and colleagues (2015) did not show significant correlations between resorting to prayer and education [14].

The number of dialysis and its duration

The results showed that religious orientation has no relationship with duration of dialysis and number of dialysis. Taheri and colleagues (2014) showed that duration of dialysis has no significant relationship with religious coping. It can explained that numerous experience in dialysis or the duration of dialysis, due to increase in tolerance, patients resort to pray to a divine spiritual source [23]. Therefore, decrease or increase of religious orientation followed by frequent dialysis experiences or duration of dialysis is dependent on the variables such as the level of death anxiety, quality of life for the past, age and other variables. That is why there is no decisive impact in this regard.

Surgery

The results showed that people with "surgery" experiences show more religious orientation. Hojjati et al (2015) did not show a significant relationship between the rate of resorting to prayer and surgery experiences [14]. It can be explained such that surgery is a stressful experience that, even though acted towards reducing of severity of the disease , but it increases anxiety inn people. Probably people who have surgery experience one or more times after the surgery when there has been a relative improvement in mood, people somehow become more religious. As it was shown , tendency towards pray and religion may be due to The fear of surgery in the future or severity of the situation [29]. Thus, fear of re-surgery followed by previous experience, increases religious orientation.

Question Four: How is the relationship between death anxiety and demographic factors in hemodialysis patients?

The results of the study, showed that the rate death anxiety among people under the age of 30 is more and it decreases by growing older.

Fathi et al. (2015) stated that there is a significant inverse relationship between age and death anxiety. So that death anxiety in hemodialysis patients decreases with age. Thus, the anxiety of death in the elderly and middle-aged people is less than young people [4]. It can be due to the larger sample population in higher age groups and lower number of the samples in lower age groups. On the other hand death anxiety, has direct relationship with more deep sense of life and young people have less experience and a lot wishes in life, so when faced with the probability of dying before making it becomes harder to them.

Sex

On the relationship between death anxiety, and "gender", the results showed that death anxiety in women is much more than men. The results of this study was consistent with the results of a study by Fathi et al (2015).because, the rate of death anxiety among females was more than males [4]. Also, the results of a study by Kraus and Haighward (2014) showed that death anxiety in women is more than for men [10]. Sadeghi and colleagues (2014) showed that death anxiety in women is more than men [22]. Salehi and colleagues (2015) Women are more likely to have more death anxiety than men. In can be interpreted, in such a way that, women due to more concerns they have in breeding and training and the future of their children are more prone to chronic diseases and decrease of sense of healthiness and they are afraid of death and future of their children [5].

Marital status

Statistical tests did not show a significant correlation between death anxiety and "marital status". Fathi et al (2015) did not show a significant Relationship between death anxiety and marital status in dialysis patients [4]. Valykhany (2015) showed that those who have more emotional attachment and have sense of belonging, death anxiety is less in them. Khezri et al (2015) also did not show significant correlation between death anxiety and marital status [30]. It can be said in this regard that, studies with contradictory results show the intervening role of other factors that distract the main focus of the study [31]. A diabetic person, in case of having high marital satisfaction experiences the probability of low death anxiety and in case of existence of matrimonial conflicts probably by sense of loss in married life or failure in matrimonial life will experience even more death anxiety.

Nationality

The results, did not show a significant difference between the death anxiety and "ethnicity". the hypothesis can be interpreted such that death anxiety due to the fact that death is an phenomenon experience d by all people and is the greatest , painful truth that will come true to very body, ethnicity and culture cannot have determine its rate. Because this study was carried out in boundary of Golestan province, the process of unifying the cultural beliefs or the ethnicities present in this study probably has neutralized or lessened the effects of different attitudes towards death. Thus, the research hypothesis is rejected and there is no significant correlation between death anxiety and ethnicity.

Religion

Death anxiety associated with "religion" did not show a significant difference. In this case, no similar studies were found in the country and abroad. In explanation of the lack of difference, It can be said that since training of the two religions Shia and Sunni come from one origin [32], Islam , both religions present deaths an essential factors in life and there no difference from this perspective that death is the source of panic , thus Shia and sunnis do not have difference in death anxiety .

Education

The results of the study showed the death anxiety in people with elementary education lower than people with university degrees. The studies revealed that, probably with increase of knowledge of the world and focus on the origin of life the amount of death anxiety increases [5]. Probably by the increases of educational level of the patients under homodialysis, they create more questions about source of life in their mind and consequently their anxiety of death increases. by spreading chronic diseases literate people feel more loss in leaving the world and people who are less educated , due to the low expectations of life feel less death anxiety .

Job

In this respect, the results of this study revealed no difference between death anxiety and job. But in a study by Fathi and colleagues (2015) a significant relationship was observed between job and death anxiety. Such that hoseholders do have more death anxiety [4]. It can be explained that, job as an external factor can be the source of generating meaning in absurd life and sometimes by the increase of psychological and occupational pressure to the person increase the feeling of machination which contributes to the intensity of negative feeling [33]. Patients on hemodialysis who are employed may feel that, regarding the possibility of approaching death, did not enjoy the life enough. And with the increase of pressures of the working environment they acquire more death anxiety. The research hypothesis is not confirmed and there is no significant relationship between occupation and death anxiety.

Duration of kidney disease

In accordance with the results of the study, the relationship between death anxiety and "developing kidney disease" showed a significant differences so that by the increase of duration of renal disease patient anxiety of death decreases.

Having diabetics probably due to the change form healthy state to sickness and encountering bitter realities of life can create more death anxiety and with the increase of duration of disease the person gets used to the severities thus gradually feels less anxiety for the approaching of death. Approaching of Death Anxiety like any other anxieties reduces if it comes gradually [34]. Thus, the questions of the researchers is confirmed. As the rate of sickness increases death anxiety further diseases.

Surgery experience

The results show that the independent t-test between death anxiety and “surgery experience" showed a significant differences (p=0/02) so that those who had kidney surgery, Had lower death anxiety. To explain these findings, we can say that people with death anxiety are more concerned with health than others. And with a deterioration in physical ailments when they feel death approaching them will be more vulnerable to abuse and this puts them in more stress. Therefore, hemodialysis patients who do not have surgery experience , according to the fact that their problem was managed by the last resort, their fear of surgery room and its dangers , especially when they are not sure of their survival, will become more hopeless. Therefore, people who have surgery experience more death anxiety.

Duration of dialysis

The results in connection with the death anxiety "for dialysis", did not show a significant relationship. The Study Fathi et al (2015) did not show significant correlation between death anxiety in hemodialysis patients and death anxiety on the variables mentioned above [4]. It can be said in explanation of this results that the rate of death anxiety is always undergoes some changes and sometimes an idea, behavior or action can increase or decrease it [35]. Duration of dialysis, dialysis frequency can identify exacerbations of the disease in future. And also can cause deep relaxation by reducing the risk of exacerbation by surgery ensuring a safety of the disease [34].

The hypothesis: religious orientation is associated with death anxiety in hemodialysis patients.

Results of the study showed a significant relationship between religious orientation and death anxiety. So that as patients’ religious orientation increase levels of death anxiety became less. This finding is consistent with research findings by Mansour Nezkad and Kajbaf (2012) [6]. Faith and religious beliefs and the attitudes and practices and religious teachings in the form of cognitive approach has favorable results in the treatment of diseases [14]. On the other hand, incurable diseases such as cancer, by creating pain and suffering and generate a negative attitude to the future and cause depression and mental problems.

Terminally ill and incurable patients, Because of the long course of treatment, they face significant physical psychological and social challenges, that all of these issues can cause emotional and psychological problems in patients [7]. Studies have shown that religious people, due to use of spiritual methods, suffered less from intellectual disorders, Anxiety and pain, and by accepting the conditions of the disease they feel less anxiety. Because religion as a coping mechanism, and Problem solving Strategie, solve the patients problems and reduces their anxiety [36].

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