

Death Depression Among Older Adults: A Concept Analysis Utilizing An Evolutionary Approach

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Background & Purpose: The reality of death is a source of concern for humans. Managing issues associated with preparation for the inevitability of death may contribute to onset of death depression for aging individuals. The study purpose was to clarify the death depression concept in older adults including relevant features, antecedents, and consequences to further nursing knowledge development. **Methods:** Rodgers' evolutionary concept analysis was performed using the following steps: determination of concept and appropriate scope; collection of data for identifying concept attributes, antecedents, and consequences; and evaluation of relevant and alternative concepts for further clarification. A search for articles published between 1995 and 2020 relevant to death depression in older adults was conducted in the databases PubMed, Ovid, ProQuest, CINAHL and Persian databases SID and Magiran. Fifty-three articles met the inclusion criteria and final sampling. Findings were reviewed by two

independent researchers familiar with the field. **Result:** Based on the study findings, death depression is characterized by cognitive, affective, and behavioral attributes. Antecedents of death depression include: health concerns associated with aging such as life-limiting or psychiatric illnesses; loneliness and loss perceptions related to social relationships; socio-cultural context; identity issues; and environmental changes. Consequences of death depression include negative adjustment in later life and the potential for adaptation. **Implications for Practice:** Death depression in older adults may contribute to adverse mental health sequelae. Therefore, assessment for ruminative death cognitions in older adults may lead to interventions that help prevent the onset of death depression. This study provides a foundation for further research, and it contributes to the development of nursing knowledge via concept clarification.

AQ2

Keywords: death; depression; death depression; concept analysis; rogers approach; older adults; elderly adults

Population growth in gerontological populations is occurring globally due to increasing life expectancy and decreased mortality rates (Bogers et al., 2013). The aging process is associated with dynamic physical, psychological, and social health changes that impact functioning and adaptation. As people grow older, major concerns that arise may include perceived loss of freedom, heightened loneliness, feelings of life meaninglessness, and thoughts about forthcoming death. Aging people's attitudes and reactions toward death may influence their adjustment toward personal aging and may also affect their general quality of life. (Missler et al., 2012). Such concerns may contribute to ruminative cognitions about death and the development of death depression (DD).

Although humans are aware of the reality of death, they often do not allow this knowledge to influence their personal lives (Sharif Nia et al., 2019). Global strides in technology and other modern advancements help maintain a collective emphasis on human progress and invincibility over the realities of mortality. Hence, it is a notable responsibility of healthcare providers internationally to help patients and their families adapt to experiences of DD and death. However, our understanding of DD as an important construct in mental health adaptation to aging is limited. Further, this paucity of research examining DD in the aging population is of strong relevance to nursing and allied health fields. For instance, there is an assumption that DD occurs synonymously with a host of negative responses associated with death confrontation, such as death anxiety and death distress, but the literature evaluating this assumption is limited. Further, much of the death-related psychological literature has focused on younger populations, yet manifestations of death-related distress, including DD, differ in younger people compared to the elderly who may perceive themselves as being closer to end of life (EOL) (Fauth et al., 2014). As humans age, the inevitability of death and the perception of proximity towards it becomes more pronounced (Bonnewyn et al., 2016; Diegelmann et al., 2016). Thus, this contextual awareness of death is more prominent among older age groups (Bahrami et al., 2014).

Globally, culture plays a significant role in the variant belief systems that have evolved to shape how people address death (Becker, 1997; McCorkle & Sulmasy, 2014). The social and cultural milieu provides a backdrop influencing responses to EOL. Cultural values instilled across the lifespan can positively or negatively impact mental health in the aging population (McCorkle & Sulmasy, 2014; Willis et al., 2019). For example, global cultural trends in modern times have changed family structures whereby having extended families living in the same household are less common, a factor that also carries potential to affect the mental health of the elderly (Sridevi & Swathi, 2014). Further, religion is a primary source of structure in finding meaning around death (Becker, 1997). Religious worldviews derived in accordance with cultural norms are considered a primary means through which humans build their capacity to conform to knowledge of mortality (Ellis & Wahab, 2013). Many religious culturally derived viewpoints edify that life awaits humans post-death (McCorkle & Sulmasy, 2014), and belief in an afterlife gives adherents the promise that death is not the end of conscious experiences (Ellis & Wahab, 2013). Importantly, subscription to religious perspectives also provides a unified worldview by collectively answering fundamental life questions in a social context. Consequently, as individuals become alienated and/or lose connectedness to their religio-cultural sources, existential angst and depression about death may occur (Pahlevan Sharif et al., 2018).

Geriatric depression is recognized as a serious problem in the aging population (Almeida et al., 2010; Brañez-Condorena et al., 2021; Briggs et al., 2018; Burns et al., 2013; Solhaug et al., 2012). Rates of suicidality among the elderly are a sobering reality (Bonnewyn et al., 2016; Briggs et al., 2018; Rossom et al., 2019). Further, given potential challenges that accompany aging, including greater incidence of functional impairment, bereavement, loneliness, and closer proximity to death, clarifying the construct of DD is essential in this population. Therefore, the study purpose was to clarify the DD concept in older adults and to characterize its essential defining attributes, antecedents, and consequences with application to nursing and allied health sciences.

AQ1 **METHODS**

Concept analysis is a process in which a concept is broken down into relevant components for ease of differentiating it from related concepts (Rodgers & Knafl, 2000). This concept analysis thus describes the concept of DD by identifying its antecedents, relevant features, and consequences. DD is dynamic in that it is impacted by past life experiences as well as by current health and circumstances (Harville et al., 2004). Therefore, Rodgers' inductive evolutionary approach to concept analysis was used for the inquiry. Rodgers' approach is based on a philosophical perspective that emphasizes capturing the dynamic nature of concepts as they evolve over time in the contexts that they occur (Rodgers & Knafl, 2000). The specific activities involved in Rodgers' methodology include: (a) identifying the concept and related statements, including surrogate terms; (b) scoping (location

and sample) for data collection; (c) collecting data and selecting texts to determine concept attributes, antecedents, and consequences; (d) analyzing data to explain concept characteristics; (e) characterizing an exemplar for clarifying the concept in an appropriate context; and (6) determining implications for ongoing concept development (Rodgers & Knafel, 2000).

A search of the databases PubMed, Ovid, ProQuest, CINAHL, Google Scholar and Persian databases including SID and Magiran was conducted to identify relevant studies. The term “death depression” was used for the preliminary search. The secondary search included the terms “depression”, “death” or “death depression” along with the words “elderly” or “older adult”; Inclusion criteria were the following: full text articles; studies that incorporated quantitative, qualitative and mixed methods designs; older adult population; articles published between 1995 and 2020; and nursing and/or health science related. Exclusion criteria were non-research articles, such as letters to editor, commentaries, or brief reports.

The initial search results yielded 2,577 articles. These articles were independently evaluated by two experienced researchers who applied the above-mentioned inclusion criteria (see Figure 1 for Prisma diagram). Following achievement of concurrence, the number of included articles was reduced to 53 articles.

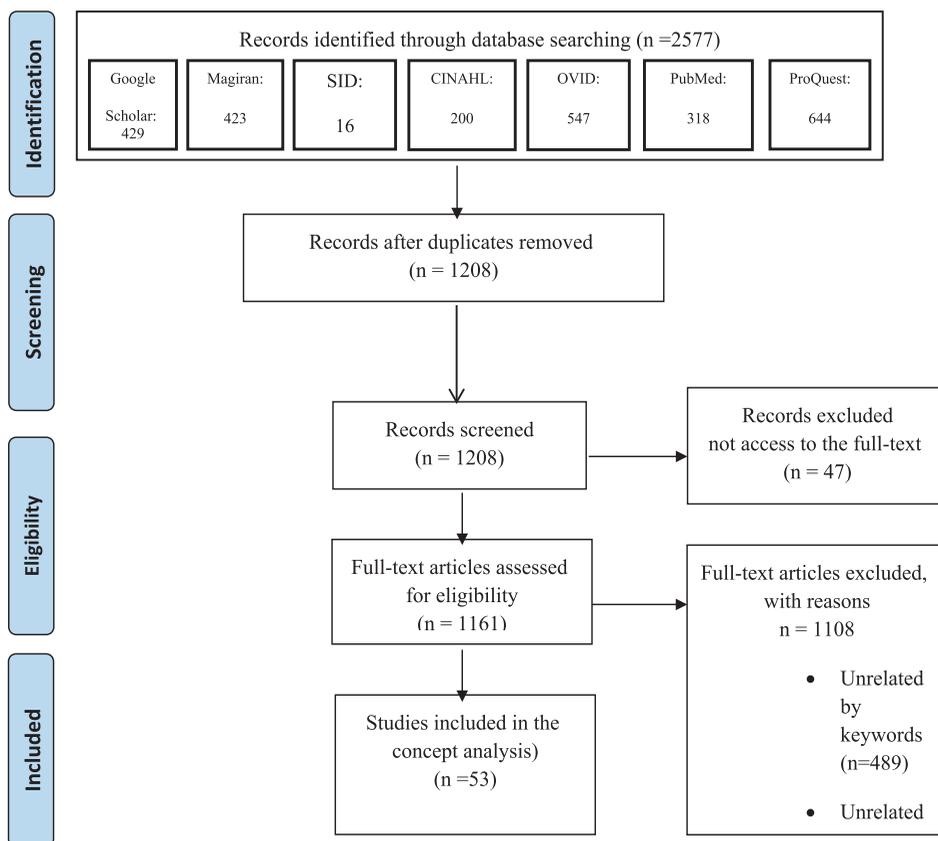


Figure 1. PRISMA figure of literature search strategy.

Seminal books recommended by a senior scientist in the field were also evaluated for thematic coverage. The articles were carefully examined with attention to the concept of DD's context, surrogate and related terms, antecedents, defining attributes, and consequences. The articles were systematically categorized by grouping defining attributes, antecedents, and consequences and by summarizing the distinctive information. Coding was then used to arrange major findings into categories and subcategories (i.e., surrogate and related terms, antecedents, defining attributes, consequences). The first and corresponding authors performed data coding, while other authors supervised the analytic process.

RESULTS

SURROGATE AND RELATED CONCEPTS OF DD

Similar to other death-related psychological constructs, DD is a phenomenon that surfaces in conjunction with perceptions of death. Templer, a noted death scientist and expert in thanatology, identified DD as a depressive orientation focused on death that is associated with hopelessness, loneliness, dread, sadness, and meaninglessness (Templer et al., 1990). Moreover, DD has been characterized as a pervasive sadness and/or conscious and persistent reflection related to personal death, other's death, and/or the idea of death in general (Templer et al., 2002).

Surrogate words reflect the concept with different words and statements. Related terms are concepts that express relevancy but do not have the same features as the concept under study (Rodgers & Knafl, 2000). The DD term may be associated with terms like fear of death, death distress, death anxiety, and death obsession. Fear of death and associated death anxiety refer to ongoing threat activations that a person experiences in daily life as a result of death awareness that may be implicitly experienced (Neimeyer, 1994). Death anxiety and DD can co-occur (Templer et al., 1990). For example, individuals may experience both death anxiety and DD in response to regrets about past behaviors and to perceived losses of body image, physical functioning, loved ones, and fleeting youth (Missler et al., 2012). DD may actually underlie death anxiety in elderly individuals, and resolution of both constructs is needed to face death peacefully (Missler et al., 2012).

Death obsessions, another related concept to DD, refer to repetitive thoughts, persistent ideas, and/or intrusive images that are relevant to one's own or others' death (Bahrami et al., 2014). Individuals who chronically worry about issues surrounding death may thus obsess about its' inevitability (Bayati et al., 2017). Death depression shares similarities with death obsessions in that associated rumination or perseverative thinking about death in the context of life regrets and past mistakes may foster DD (Bahrami et al., 2014).

ANTECEDENTS

Antecedents are factors that precede the occurrence of the concept of interest (Rodgers & Knafl, 2000). Antecedents of DD include: (a) health concerns including

physical changes associated with aging, diagnosis of life-limiting or threatening illness and psychiatric conditions; (b) loneliness and loss perceptions associated with social relationships; (c) identity issues including personalized attitudes about death and dying; (d) socio-cultural factors such as lack of connectedness with sources of meaning; and (e) environmental changes.

Health Concerns including Physical Changes Associated With Aging, Diagnosis of Life-Limiting or Threatening illness, and Psychiatric Conditions. Medical history such as the presence of life-threatening illnesses may contribute to DD (Sharif Nia et al., 2017). For example, DD is common in older patients with chronic obstructive pulmonary disease who may sense their mortality through dyspnea and impaired physical functioning (Cheng et al., 2013). Functional impairments associated with aging also increase the likelihood of experiencing DD (Lefteriotis, 2013). Declining health and physical symptoms that trigger thoughts about approaching death are also associated with late-life symptoms of depression (Diegelmann et al., 2016; Fauth et al., 2014). Further, an analyses of suicide biopsies indicated that loss of mobility, strength, and aversive symptoms associated with cancer factored into occurrences of geriatric suicide (Kjølseth et al., 2010).

Psychiatric history may also contribute to the development or presence of DD. For example, major depression (i.e., a mental health disorder characterized by chronically low mood, feelings of worthlessness and hopelessness, and lack of interest in daily life activities) can cause a significant impairment in quality of life (Rossom et al., 2019). The persistent feelings of sadness that are associated with major depression can result in a broad range of aversive behavioral and physical symptoms. Such sequelae may include sleep disruption, appetite changes, fatigue, poor concentration, and self-esteem reduction that may drift towards thoughts of death and suicidality (Bonnewyn et al., 2016; Rossom et al., 2019).

Loneliness and Loss Perceptions Associated With Social Relationships. Social networks are necessary for supporting elderly people in developing meaningful relationships and for helping assuage negative emotions associated with loss (Lim et al., 2017). The experience of loneliness can evoke perceptions of loss and “waiting for death” in the elderly (Kitzmüller et al., 2018). Bowlby’s attachment theory, which focuses on the effects of psychosocial distress following separation from loved ones supports how such depression relative to anticipated death would ensue (Lee et al., 2014). Lee et al. (2014) in their study of elderly parents who had in their earlier life faced their child’s death were more likely to experience DD. On the other hand, the presence of loving attachments to family, friends, and relatives may also increase DD in older adults (Bahrami et al., 2014) as they contemplate leaving their loved ones.

Research suggests that non-married senior citizens have higher DD as compared to those who are married (Sridevi & Swathi, 2014). Death of a spouse can be a particularly stressful experience that increases risk for depression, mortality, and profound loneliness in partners for up to the one year post-death (Spahni et al., 2016). Grieving the loss of a spouse may also evoke distressing emotions including anger, anxiety, and depression (Spahni et al., 2016). In one study, bereaved men and

women demonstrated significantly higher depressive symptoms than their married counterparts, which increases risk for early death (Spahni et al., 2016). Further, the sense of being a burden on family members later in life is another socially relevant factor that can elicit sadness and depressive thoughts in older adults (Kitzmüller et al., 2018; Kjølseth et al., 2010).

Identity Issues including Personalized Attitudes About Death and Dying. Erickson indicated that the final phase of psychosocial identity development, termed "*ego integrity vs despair*", is a human developmental milestone that needs to be overcome in life (cite). Appropriate tasks that are part of this critical stage include attaining the personal wisdom and self-knowledge needed for facing death. During this stage, older adults who earned life achievements and successes will feel proud, experience less sorrow, and have more satisfaction. Life wisdom enables a person to deeply examine his/her past life and accept death. Individual personality factors, such as resilience and capacity for overcoming self-limitations in the face of difficult life circumstances, may contribute to how an individual adapts to life challenges (Spahni et al., 2016; Wong, 2020). In addition, self-determination and desire for self-sufficiency may also be relevant personality factors impacting how individuals face aging and health decline (Kjølseth et al., 2010).

Elderly people who have not completed this developmental milestone may perceive that they wasted time during their lives, which could contribute to feelings of DD, as they also experience more regrets, doubt, avoidance (Bahrami et al., 2014). For example, Bonnewyn et al. identified that death ideation may be related to development of psychological distress and depressive symptoms among a sample of 113 older inpatients in psychiatric and medical wards (Bonnewyn et al., 2016). Similarly, in Wettstein et al.'s longitudinal project of individuals aged between 87 and 97 years, psychological distress was related to a lack of acceptance of the reality of approaching death (Wettstein et al., 2015).

Socio-Cultural Context. Differences in culture and associated life experiences can affect peoples' perceptions and behaviors around death and dying. Cultural influences may palliate subsequent development of DD (Pahlevan Sharif et al., 2018). For example, many cultures believe death to be a transitional stage and emphasize the importance of death acceptance (McCorkle & Sulmasy, 2014). On the other hand, some traditions that adopt a more materialist perspective equating death with physical death may contribute to greater experiences of DD (Gire, 2014).

Religiosity as a cultural construct has been found to be a factor assuaging DD, particularly when it is associated with beliefs of a positive afterlife (Pahlevan Sharif et al., 2018). Spiritual well-being may protect individual's against despair and may instill hope and meaning for elderly patients facing end of life (Almostadi, 2012). For example, the existence of positive relationships between spiritual wellbeing and hope contribute to better coping with life-limiting aversive conditions (Sharif Nia et al., 2021). On the other hand, depressive symptoms may arise when there is religious doubt in older adults (Willis et al., 2019). However, the findings of Bonnewyn et al. (2016), in their study of older hospitalized adults, were inconsistent with these general conclusions. When assessing associations between wishing to die with

religiosity and death attitudes, individuals with high intrinsic religiosity reported higher levels of DD (Bonnewyn et al., 2016). Hence, it is important to note the individualized complexities around relationships between personalized attitudes about death and religious beliefs (Neimeyer et al., 2004). Relationships between religiosity and DD are likely heavily impacted by cultural orientation and may vary depending on the particular context (Pahlevan Sharif et al., 2018).

Culture can influence gender norms and expression. Gender is an important factor in DD incidence among older adults (Burns et al., 2013). One study conducted among 40 older adults who were institutionalized in nursing homes did not show differences in DD between men and women (Sridevi & Swathi, 2014). However, other research suggests that women are more likely than men to report DD (Bharathi et al., 2015). In comparison to men, women may be more likely to express their emotions openly, whereas men may repress their fears around death because of cultural mandates (Almostadi, 2012). For instance, some cultures expect men to be psychologically strong, self-confident, and to not reveal personal emotions. Such expectations may limit observable expressions of DD in males even if DD may be implicitly manifested. Further, in more patriarchal societies where men are held responsible for the care of family members, their crucial role in the family hierarchy may limit their freedom to fully express their emotions (Almostadi, 2012).

Environmental Changes. Environmental modifications may also contribute to feelings of DD. For example, moving to a nursing home can be particularly demoralizing for elderly individuals (Lloyd et al., 2016). Studies suggest that older people in nursing home environments experience greater depression than those in their own homes because of less socialization and access to loved ones and family members (Sridevi, 2014; Sridevi & Swathi, 2014). Although more research on geographical differences is needed, older adults living in rural villages have been found to express higher DD than those living in urban regions (Bala & Maheshwari, 2019). This may be related to informal social networks in rural areas not being as effective for older adults because of geographical distancing (Sridevi & Swathi, 2014). Additional factors associated with the environment that may contribute to DD include heightened loneliness, perceived exclusion, and potential violation of privacy (Sridevi & Swathi, 2014).

Death Depression Attributes. Attributes refer to the characteristics that are reflective of the concept of interest (Rodgers & Knafl, 2000). Attributes of DD as a psychological construct fall within cognitive, affective, and behavioral categories.

Cognitive Attributes. Death depression may be triggered when older adults reflect on past experiences and memories with a sense that they cannot compensate for regretted life mistakes (Almostadi, 2012). Perseverating thoughts on death and dying may lead to social isolation and reinforce depressive cognitions that can become associated with DD (Almostadi, 2012). These “death cognitions” are framed by content associated with loss of life, passive futility, loss of being needed, and regret, and they are coincident with the experience of DD (Kitzmüller et al., 2018). Thoughts of death that are attributes of DD may also reflect loss of meaning, perceived worthlessness, lack of understanding, and intolerance of uncertainty about

what happens after death (Kitzmüller et al., 2018). These death-themed thoughts may be more situational as part of cognitive processing of an illness threat, or they may be pervasive and non-specific.

Affective Attributes. Affective qualities of DD include a pervasive sadness and grief emotions (Bahrami et al., 2014). Pervasive sadness is characterized by persistent low mood that is chronic and effusive. Grief emotions are characterized by perceptions of deep and poignant loss. Given the duration and intensity of ruminative death cognitions, patients may develop depressive symptoms such as negative affect and mood disturbances (Bahrami et al., 2014).

Behavioral Attributes. Behavioral attributes of DD include withdrawal and isolation from others (Diegelmann et al., 2016). For example, individuals may no longer want to go for walks in nature or engage in social activities. They may stop attending religious services if there is religious angst associated with the DD.

CONSEQUENCES

Negative Adjustment. A potential negative consequence of ongoing DD is development of psychological health problems adversely affecting adjustment. For individuals facing later life developmental milestones, those who have less firm ego integrity may experience despair and perceptions of failure as they contemplate mortality (Cheng et al., 2013). Older adults who are experiencing DD may withdraw from their normal social activities and avoid contact with other people. Such behaviors reduce the opportunities for them to express difficult feelings and to optimize coping resources needed for facing the painful circumstances that are triggering DD (Diegelmann et al., 2016). Further, ongoing and unmanaged DD may potentially raise the risk of suicide and self-harm (Bogers et al., 2013).

Positive Adaptation. Death depression, when successfully resolved, may contribute to a sense of purposefulness, positive life orientation and a sense of life meaning and purpose. Gaining such qualities may contribute to positive adaptation when facing the inevitability of declining health and forthcoming death (Kakabaraei & Maazinezhad, 2016; Spahni et al., 2016). Death acceptance also contributes to less emotional distress following death of loved ones (Spahni et al., 2016). Thus, positive emotions and engagement with loved ones are factors that likely support adaptation to DD.

Attitudes around death that balance the need for accepting its inevitability while also accepting both life's negative and positive aspects improve the capacity for adapting to age-related functional decline (Bahrami et al., 2014; Cheng et al., 2013). Reminiscing about the past and accepting life's transience may improve wellbeing by improving the capacity for expressing emotions and by reinforcing better attitudes. Further, acceptance of both positive and negative aspects of life may have a protective effect against despair for older adults in the final life stages. Focusing on life one day at a time may be another strategy to offset the despair associated with forthcoming death (Lloyd et al., 2016). See Figure 2 for a model of the DD concept linking the antecedents, attributes, and consequences.

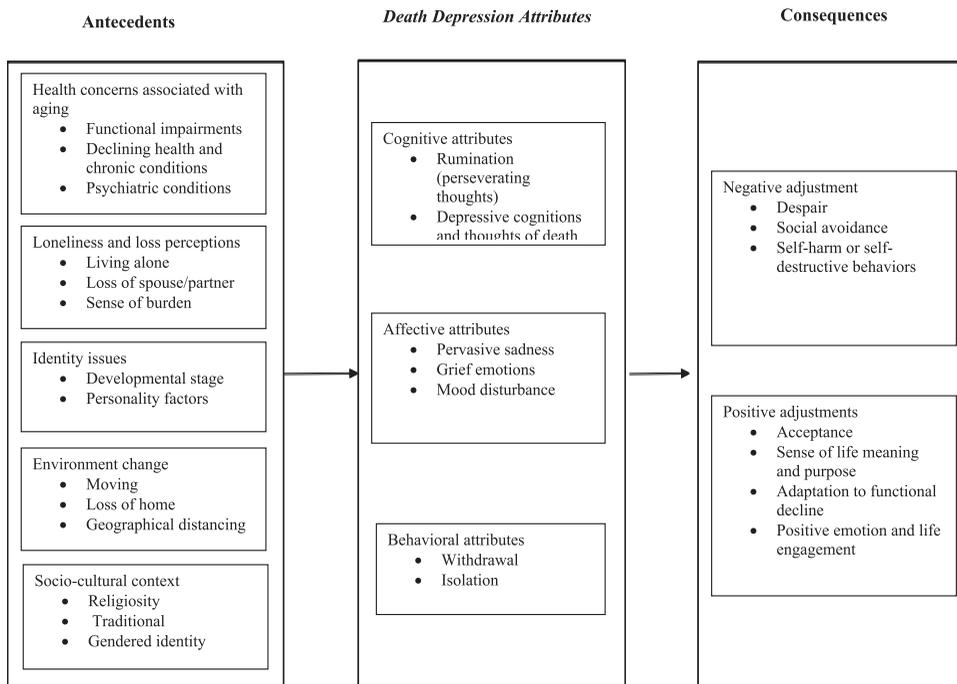


Figure 2. Conceptual model of Death Depression.

Illustration. Rodgers indicated that providing a practical example to clarify the concept in a relevant context can be useful for better understanding its attributes (Rodgers & Knaf, 2000). The following model case illustrates the antecedents, concept attributes, and consequences of DD.

Mrs. A is a 76-year old woman who lives in a nursing home. Prior to moving into the nursing home, Mrs. A. resided in the country with her older husband who was a farmer [*antecedent: environmental change*]. Mrs. A. was his informal caregiver secondary to a stroke exacerbated by hypertension that left him incapacitated for two years prior to his death six months ago. Mrs. A. has a history of hypertension and generalized anxiety disorder [*antecedent: health concerns including psychiatric history*] but no other medical history. Since her husband's death, she has been ruminating about the fleeting nature of life [*DD attribute*], wondering if she will also die of a stroke, and experiencing sadness and emptiness [*DD attribute*] about no longer having her husband around.

Mrs. A. has four adult children who live in a distant city. Given she was alone following her husband's death [*antecedent: loneliness; loss associated with social relationships*] she agreed to move to the nursing home. Given the challenges with adjustment to a new environment, while also facing loss and grief associated with her husband's recent death, Mrs. A. began isolating in her room [*DD attribute*]. While alone, Mrs. A. incessantly ruminates about the past with regrets about not having a successful career [*antecedent: identity disturbance*], hopeless perceptions about the futility of life, and thoughts about the proximity of death and dying [*DD attributes*].

She began questioning her religious teachings and the meaning of life [*antecedent: socio-cultural factors including lack of connectedness with sources of meaning*]. Nursing home staff expressed concern given the negative adjustment Mrs. A. was experiencing to transitioning to a nursing home life [*consequence: negative adjustment*]. Family members were contacted, and her children made plans to visit her regularly. Members from her religious community began visiting, offering comfort from sacred teachings, prayer, and regular companionship. Mrs. A. began to sense meaning from her difficult experiences, developed a larger perspective of the connectedness of life, and began surrendering to a sense of acceptance of life on life's terms [*consequence: positive adaptation*].

DISCUSSION

DD refers to a frame of mind characterized by repetitive ruminations and sad affect associated with mortality salience. Given an evaluation of the literature, the evolutionary concept analysis suggested that factors associated with aging may contribute to the onset of DD. Moreover, older adults who are faced with declining physical functioning, social isolation and loneliness, and alienation, may be at increased risk of DD.

Distinguishing DD from general depressive symptoms and depressive disorder in the elderly is essential for appropriate clinical treatment. It is recognized that symptoms such as hopelessness can be shared between patients with DD and those with general depression (Soleimani et al., 2020). However, depression, such as is diagnosed with major depression is a psychobiological phenomenon that has been extensively studied in relation to multiple contextual factors (Rossom et al., 2019). Death depression, on the other hand, ensues as a result of death-specific thought contents, cognitive processing, and despairing affect that are associated with facing challenging late-life stressors and recognition of the fleeting nature of life.

The concept of DD has relevance to clinicians who care for older adults nearing end of life. In a four year longitudinal study, Wettstein et al. found that the oldest people between 87-97 years were less distressed and depressed facing EOL threats, which suggests that individuals may be more likely to accept the reality of death with age (Wettstein et al., 2015). However, although death is also an inevitable reality, many people view death as a forbidden subject and are reluctant to talk about it (Khaki et al., 2017). Consequences of DD may either contribute to negative adjustment in later life or to positive adaptation to death if successfully resolved. Optimal EOL care for patients facing death must address physical, psychological, spiritual, and social quality of life (Lloyd et al., 2016). Such care involves access to supportive family, friends and caregivers. Thus, it is essential that nurses and allied team members focus their interventions on relieving distress and/or suffering for patients and their family. Such care would be in accordance with clinical, cultural, and ethical standards. Thus, it also is imperative that comprehensive mental health assessments are provided so that older adults with DD are identified and have their needs attended to. Further, it is of strong importance to recognize factors such

as developmental identity issues, cultured gender roles, and religious beliefs that potentially contribute either positively or negatively to optimizing death acceptance in older populations is of strong importance. Given findings that suggest isolation, loneliness, and lack of social support may contribute to the development of DD in the elderly, it is vital that patients are provided access to supportive community resources for enhancing socialization. Aging individuals who are experiencing DD may also benefit from therapies aimed at promoting existential meaning making, life event integration, and self-acceptance (Wong, 2020). Such therapies may include storytelling and reminiscence whereby older adults can share meaningful life experiences and gain perspectives on a larger narrative (Kitzmüller et al., 2018).

More research is needed relative to the concept of DD and its impact on quality of life for patients facing life threatening illness and/or EOL. Such research could incorporate assessment of DD instruments to ensure that they accurately reflect dimensions of DD. Depression and or depressive symptoms may occur as individuals respond to adverse life events. As people age, they may become either more resilient or more inflexible in adapting to life-threatening events (Diegelmann et al., 2016). It is critical that research evaluate factors that contribute to both more and less adaptive human responses to facing death. Given that age as a factor in and of itself is not a criteria for the development of depression (Fauth et al., 2014), such research could lead to interventions that improve the lives of older patients facing EOL. More research that distinguishes DD from clinical depression is also needed. Further, more research is needed on the concept of DD in relation to diverse cultural contexts.

Limitations to this concept analysis include the paucity of research that has examined DD among older adults directly, despite its strong relevance. Despite the extensive literature that was reviewed, it is also plausible that other relevant studies were missed in those databases that were not searched.

CONCLUSION

The purpose of the present study was to investigate the concept of DD to identify its attributes, antecedents and consequences. An important aspect of the Rodger's method is maintaining awareness that concept analysis is evolutionary and the concept is dynamic, meaning it can change in relation to cultural context or the passage of time. Death depression is characterized by despairing thoughts and sadness related to personal or others' death; moreover, it is influenced by individual, socio-cultural and environmental variables. For example, antecedents that may contribute to the onset of DD include health concerns such as physical changes associated with aging, diagnosis of life-limiting or threatening illness, psychiatric illness, loneliness and loss perceptions associated with social relationships; identity issues, socio-cultural factors such as lack of connectedness with sources of meaning; and environmental changes. The concept analysis has further clarified DD so that findings can be applied in further nursing research and to clinical practice.

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