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Exploring the Societal Impact of Death Anxiety on Mental Health Among Nurses: A Positive Psychology Perspective

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ABSTRACT

Objective: This study aimed to determine the relationship between death anxiety and mental health of nurses and the moderating effects of coping strategies, work engagement (WE), humility, and empirical norms on mental health.
Methods: A cross-sectional survey was conducted to gather information from nurses in diverse care settings. The study utilized validated measures of death anxiety, coping strategies, work engagement, and mental health outcomes, with subsequent regression analysis elucidating significant relationships.
Findings: The results indicate complex interrelationships between death anxiety and well-being, and demonstrate the importance of specific coping styles and personality factors in the maintenance of emotional health. Work engagement, and the influence of the society on workers spontaneity seem to have a major role in combating stress and enhancing well-being.
Novelty: This study is original in that it weaves concepts from positive psychology throughout its examination of death anxiety in nurses to provide new insights into the interplay of internal and external forces shaping nurses' well-being.
Research Implications: Supporting the emergence of healthy psychological workspace with demanding intervention can boost coping mechanism and directly increase the quality of care as well as nurse's happiness.

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1. Introduction

The increased recognition of mental health factors in the nursing profession has recognized the multifactorial nature of death anxiety in Australia and health care settings. In this context, death anxiety, identified as a psychological response related to the awareness of death, has become an important issue for healthcare professionals (aan de Stegge et al., 2018; Khajoei et al., 2022). In general and nurses in particular, who are frequently exposed to death and suffering in their daily work. Death anxiety can be defined as a negative emotional response that some people experience, especially at the thought of death Menzies & Menzies (2020), Zhang et al. (2019), this forms the basis for the fear, discomfort and psychological distress experienced by a caregiver when they are close to death. Death anxiety has been consistently correlated with burnout, emotional exhaustion, and loss of work engagement, indicating that healthcare workers with elevated levels of death anxiety are likely at risk for deteriorating mental health and workplace performance (Cag et al., 2021; Hammond et al., 2021). Recent studies have shown an increasing pattern of critical mental health problems among nurses, with the reality of exposure to a variety of death-related stressors leading to a higher incidence of anxiety and depression in healthcare systems internationally (Okur & Nural, 2022; Yetzer & Pyszczynski, 2019). Recent efforts in positive psychology show a shift toward understanding resilience factors that can protect against this type of suffering, with an emphasis on strengths such as humility and work engagement (Hood et al., 2022; Janapati & Vijayalakshmi, 2024). This shift in perspective provides a new lens through which to evaluate the societal impact of death anxiety, with

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an ultimate focus on enhancing nurses' well-being to better care for patients (Boateng et al., 2019; Srivastava & Ghosh, 2024).

While evidence is strengthening, death anxiety in nurses remains under-analysed in the Australian context of the healthcare system, where burnout rates are on the rise and mental health issues among healthcare workers are an intensifying problem. Fu & Glasdam (2022), Tu et al. (2022), stated that both in China the rest of the world seemed to be suffering extreme fear and anxiety and stress resulting from death anxiety but death anxiety among health care professional there is not explored yet. Luo et al. (2020), Tu et al. (2022), wrote the study for the mental health impact on health professionals with confirmed coronavirus infection, and the workplace and family challenges of corona virus could cause increased type of death anxiety. does not explore the health care professional clinical side (Cai et al., 2020; Grover et al., 2020). Nurses being in the front line of fight against COVID 19 and being survivors with high mental health issue rate Adams et al. (2023), Billings et al. (2021a, 2021b), are ideal and need to be studied in the present context. Researches yield that the frontlines health care sectors especially in Australia is facing shortages of workforce especially for nursing which could increase the problems of mental health factors with death anxiety not a proven findings in younger lenirs in working full time Halcomb, McInnes, et al. (2020), Halcomb, Williams, et al. (2020), in their own wards and amid increasing work load at an extreme level need to be assessed in future studies. Death anxiety manifests itself uniquely in each human, from individual anxiety to professional alienation, resulting in decreased workplace satisfaction and increased turnover (Lagios et al., 2023). While there are existing studies that identify causes of and symptoms experienced with death anxiety Joaquim et al. (2021), Lee et al. (2020), less attention has explored how societal norms and institutional practices work to reduce (or exacerbate) these effects. Despite nurses working under high-stress conditions and long shifts where exposure to death is constant, which can cause mental fatigue, few studies have evaluated whether positive psychology interventions, particularly through humility and work engagement, can mitigate these effects. In addition, the unique cultural context of Australia, including a collectivist orientation toward healthcare, indicates that nurses may respond to and cope with death anxiety differently than those in more individualistic cultures (Oakley et al., 2019; Penman et al., 2022).

This research is based on positive psychology which investigates the identification and cultivation of strengths to realize improved mental health outcomes. The theory posits that character strengths humility and resilience can be protective and mitigate risk for the negative psychological impact of stressors such as death anxiety (Al Boukhary et al., 2024; Kim et al., 2018). The two-factor model of death anxiety proposed (Menzies et al., (2018), (2019), suggests that powerful predictors of an individual's death anxiety levels include psychological health as well as specific experiences with death. This model differentiates between general anxiety, which is related to overall mental health, and more specific anxieties related to death, which can be activated by personal loss or exposure to death by virtue of one's work environment (Asmundson et al., 2020; Huang & Zhao, 2020). The pathway approach, utilized in other sectors, provides a structured methodology for addressing complex challenges by adapting interventions to emerging needs (Toimil et al., 2020; Werners et al., 2021). It is especially valuable in environments like health care, where characteristics of patients and environments never remain static. Abbas et al. (2024), Wang et al. (2022), the pathway approach aids in developing coping mechanisms through positive psychological strengths such as humility and engagement, thereby aiding in the development of a more adaptive response toward death anxiety working in the nursing profession which ultimately leads to better mental health and professional satisfaction.

An alarming global healthcare crisis has led to increasingly high rates of mental health concerns for healthcare workers, thereby emphasizing the importance of addressing death anxiety among nurses. Previous literature has documented both positive and negative results regarding coping with death anxiety. For example, an emerging body of work shows that death anxiety is lower among nurses who practice self-care and those with solid support systems (Garcia et al., 2022; Hood et al., 2022; Y. Wang et al., 2023; Yoong et al., 2023). However, while some studies highlighted a paradoxically low levels of death anxiety in nurses, others better depict the dire mental health consequences of death anxiety as an independent construct of burnout and depression among those without adequate psychological support or work engagement (Cramer & Hunter, 2019; Fix & Powell, 2024; J. Lee et al., 2024). These mixed results demonstrate the complexity of the issue and the importance of tailored efforts that target the psychological and environmental factors correlated with death anxiety. Moreover, the pathway approach may provide a unique strategy for intervention design based on the specific needs of nurses indicating that interventions should be designed with attention to both individual character strengths and organizational practices. This new research builds on existing ideologies to offer a unified model

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that can be customized to varying health care settings, offering the potential for sweeping improvements to both mental health care within the nursing profession and society well-being as a whole.

This study aims to examine the effect of death anxiety on the mental health of nurses by investigating the mediating role of positive psychology. More specifically, it seeks to compare the interplay of work engagement, humility, and coping mechanisms among employees to predict mental health outcomes during death anxiety. This study aims to analyse the impact of societal norms and institutional practices on coping strategies, helping us understand how to use these to improve mental wellness within the workplace through nures as a perspective.

2. Critical Review

2.1 Theoretical and research development

When considering nurses' mental health, particularly with respect to death anxiety, it is important to evaluate theoretical models revolving around mental health and coping styles. Lazarus and Folkman (1984), Transactional Model of Stress and Coping is conversely a good starting point for unpacking how nurses and others appraise and respond to stressors. This model emphasizes the importance of coping appraisal and strategies for coping with stress, which has direct implications for understanding death anxiety. According to the studies conducted, nurses experience great stress and emotional load because of their exposure to death and suffering (Sleath et al., 2020) Additionally, Hobfoll's (1989) Conservation of Resources Theory accentuates the importance of coping resources and their exhaustion in stress contexts. Such frameworks may support the understanding of manifestations of death anxiety in the nursing population, and how inadequate or maladaptive coping resources can lead to deranged mental well-being. These theoretical frameworks have provided a foundation upon which research has built by examining specific nurses' mental health factors including emotional responses to death, availability of social support, and organizational policies that may mitigate or exacerbate stress (Clarke & Sloane, 2019). The anxiety of death has been consistently linked to a negative impact on the mental health of healthcare workers across various empirical studies, emphasizing the necessity of teaching effective coping strategies and providing institutional aid to alleviate these negative outcome.

2.2 The Influence of Death Anxiety on Mental Health Among Nurses

However, death anxiety can impede the mental well-being of nurses as death is something inevitable and stressful in a nurse's regimen and thus can greatly impact their emotional and mental health. Evidence suggests that nurses who are highly anxious about death may experience mental health problems, including depression, anxiety and burnout.28 A study by Poghosyan et al. (2021) agrees and found that nurses exposed to events of traumatic death became more psychologically distressed as a result of such events which led to increased aggregate poor mental health. Additionally, Beck et al. (2020) found that nurses with unresolved death anxiety generally reported high emotional exhaustion, negatively influencing job performance and job satisfaction. This is in line with the idea of compassion fatigue where caregivers (among others nurses) may experience emotional tolls because of exposure to the suffering and deaths of patients (Figley, 1995). It implies the need for addressing the death anxiety for improving mental health and support systems for nurses.

H1: Higher levels of death anxiety among nurses are negatively correlated with their overall mental health.

2.3 The Influence of the Pathway Approach on Coping Mechanisms and Mental Health

This is a very useful approach, where structured interventions that lead people through complex emotional processes to develop adaptive coping strategies. For nurses struggling with death anxiety, this perspective may promote emotional resilience, thus supporting the mental health outcomes. Research by Sleath et al. In their study (2020), it is evident that a specific targeted coping strategies training can significantly improve anxiety and depressive symptoms and coping strategies among nurses especially mindfulness-based interventions and cognitive behavioral techniques. The pathway approach helps identify the stressors, interpret them in a constructive way, and develop adaptive coping strategies like problem-solving, help-seeking, and relaxation techniques (Bianchi et al., 2021). This is consistent with findings reported by Kara et al. (2022) used these findings, and noted such training programs reported better emotional regulation, higher mental health, and satisfaction in their jobs. This not only provides direct patient mental health benefits of mental health

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intervention but also enhances nurse self-care in dealing with continuous practice-related and pandemic-related stress and anxiety.

H2: The pathway approach positively influences nurses' coping mechanisms in managing death anxiety, leading to improved mental health outcomes.

2.4 The Moderating Effect of Work Engagement on the Relationship Between Death Anxiety and Mental Health

Work engagement, characterized by vigor, dedication, and absorption in work, has been shown to serve as a protective factor against the negative effects of death anxiety. Research by Schaufeli et al. (2021) suggests that work engagement acts as a buffer, enabling nurses to better cope with emotional distress by fostering a sense of purpose and satisfaction in their professional roles. Engaged nurses often demonstrate higher emotional resilience, which mitigates the impact of death anxiety on their mental health. Bakker & Demerouti (2017) further emphasize that work engagement enhances the ability of healthcare professionals to handle stressors, contributing to lower levels of burnout and emotional exhaustion. This buffering effect can be attributed to the sense of accomplishment and positive emotional experiences derived from their work. Nurses with high engagement levels are likely to feel more supported and fulfilled, despite the challenges posed by death anxiety, thus preventing significant deterioration in their mental health.

H3: Nurses' work engagement moderates the relationship between death anxiety and mental health, with higher engagement buffering the negative effects of death anxiety.

2.5 The Impact of Humility on Coping Strategies and Mental Health of Nurses Experiencing Death Anxiety

One of those fundamental skills is humility, which encompasses a view of oneself as generally modestly important and being open to how others can teach us about life, and even death. According to Nash (2019), humility facilitates a non-defensive stance towards stress and failure, enabling people to increasingly get their emotions under control. In nursing, for example, humble nurses are more likely to seek help and feedback, and to adopt new coping strategies, all of which can improve mental health. There is evidence that healthcare workers who are humble build more positive relationships with colleagues and patients, helping alleviate the burden associated with mortality (Tangney, 2005). In addition, Watkins (2019) showed that humility is related to lower levels of stress in the face of perceived professional failure, because humble people value learning and growth instead of self-blame. Feelings of death anxiety can cause experiencing mental distresses to the nurse, this belief can help reduce the emotional energy consumed by creating a supportive and informative space.

H4: Humility is positively associated with better coping strategies and improved mental health among nurses experiencing death anxiety.

2.6 The Role of Societal Norms and Institutional Practices in Shaping Nurses' Coping Mechanisms and Mental Health

But the wider social and institutional context in which nurses operate has a powerful influence on their coping strategies and mental well-being. Societal views of death, caregiving, and emotional expressiveness can support or undermine nurses in coping with their anxiety. In cultures where death is repressed and avoided, feelings of high anxiety and lack of emotional support may develop among nurses, subsequently affecting their mental health (Jang et al., 2018). Many institutional practices, including access to mental health resources, training for staff, and workload management, can intensify or mitigate the effects of death anxiety. Aiken et al. (2019) have shown that hospitals where supportive institutional practises like counseling services and a culture of empathy exist, report better mental health outcomes among their nurses. Such responses are, thus, influenced and guided not only by societal but also institutional motives, and thus institutions need to enact policies accordingly to reduce the death anxiety nurses experience.

H5: Societal norms and institutional practices significantly influence the coping mechanisms of nurses, impacting their mental well-being in relation to death anxiety.

3. Material and Method Innovation

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3.1 Study Design

This Australian cross-sectional study was conducted between 2021 and 2023 and intended to explore the impact of death anxiety and coping strategies on mental health of the nurses. This design allows for assessing the relationship between variables where no manipulation is applied at a single point in time. The strategies provided were a pathway orientation, work engagement, humility, and societal dynamics as coping strategies among nurses as they relate to their mental health as related to the concept of fear of death. This design facilitates an in-depth examination of the types of stressors (eg, death anxiety) and other resources (eg, coping) available to nurses in confronting these stressors, consistent with Lazarus and Folkman's Transactional Model of Stress and Coping (1984). These findings will offer insight into how these factors impact mental health outcomes, critical knowledge for understanding the emotional resilience of nurses.

3.2 Sampling and Recruitment

Participants were selected for inclusion in the study using purposive sampling based on predetermined eligibility criteria. Registered nurses (RN) from hospitals, aged care and clinics from all over Australia were recruited. Specifically, the emphasis was on nurses directly involved in patient death or end-of-life care. The overall sample size of 250 nurses, as the study being sufficiently powered to detect the relationships among the variables as specified by Cohen (1992) was deemed appropriate for the statistical analyses. Participants were recruited from hospital networks and professional associations, and consent was obtained from each participant before data collection.

Table 1: Data Sample Table

Age	Gender	Years of Experience	Healthcare Setting	Direct Exposure to Death	Work Engagement
34	Female	10	Hospital	Yes	High
45	Male	20	Aged Care Facility	Yes	Medium
29	Female	5	Clinic	No	Low
50	Female	25	Hospital	Yes	High
38	Male	15	Aged Care Facility	Yes	Medium
42	Female	18	Hospital	Yes	High
33	Male	8	Clinic	No	Low
29	Female	4	Hospital	Yes	Medium
47	Male	22	Aged Care Facility	Yes	High
36	Female	12	Clinic	Yes	Medium
41	Male	17	Hospital	Yes	High
39	Female	14	Aged Care Facility	Yes	Low
28	Male	6	Hospital	No	Medium
55	Female	30	Aged Care Facility	Yes	High
44	Male	19	Clinic	Yes	Low
31	Female	9	Hospital	Yes	High
46	Male	24	Aged Care Facility	Yes	Medium
52	Female	20	Hospital	Yes	High
30	Male	7	Clinic	No	Medium
40	Female	16	Aged Care Facility	Yes	Low

Data source; author's observation 2024

3.3 Data Collection

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The data were collected for this study through a structured questionnaire that focused on death anxiety, coping strategies, work engagement, humility and mental health outcome variables. Details about how data for each variable was collected, as well as the instruments used, are found below:

1) Death Anxiety: The Death Anxiety Scale (DAS) reported by Temane et al. (2016), the death anxiety of participants was measured. This was designed on a Likert-type scale from 1–5 in response to their anxiety pertaining to death.
2) Coping Strategies; Coping strategies were measured by the COPE Inventory (Carver, 1997) that differentiate between problem-focused and emotion-focused coping. The vocabulary learning strategies inventory employed on a four Likert scale with responses from 1 to 4.
3) Work Engagement; The Utrecht Work Engagement Scale (UWES; Schaufeli et al. Work engagement was assessed using the Utrecht Work Engagement Scale (2002). The scale includes a Likert scale from 0 to 6 to measure participants' energy, dedication, and engrossment in their work.
4) Mental Health Outcomes: Mental health outcomes were measured using the General Health Questionnaire (GHQ-12), which is a widely used metric for psychological distress. The GHQ-12 uses a Likert scale from 0 to 3 (see below).
5) Humility: Humility was assessed with the Humility Inventory (Rowatt et al., 2006). (2006). This inventory measures the level of humility in participants based on a Likert scale of 1 to 7.

These instruments were selected based on their validity/reliability and on their ability to measure constructs related to psychological-emotional issues. Table 1 provides an overview of the variables, scales, measurement types, and sources applied in this study.

Table 2: Data Collection Table

Variable	Scale/Instrument	Measurement Type	Source
Death Anxiety	Death Anxiety Scale (DAS)	Likert scale (1–5)	Temane et al., 2016
Coping Strategies	COPE Inventory	Likert scale (1–4)	Carver, 1997
Work Engagement	Utrecht Work Engagement Scale (UWES)	Likert scale (0–6)	Schaufeli et al., 2002
Mental Health Outcomes	General Health Questionnaire (GHQ-12)	Likert scale (0–3)	Goldberg, 1978
Humility	Humility Inventory	Likert scale (1–7)	Rowatt et al., 2006

3.4 Instrument Variable

The study variables include death anxiety, coping strategies, work engagement, humility, and mental health outcomes. Each variable was measured using well-established, validated instruments. Death anxiety was measured using the DAS, which has been found to reliably assess the fear of one's own death and the emotional impact of this fear on mental health. Coping strategies were assessed using the COPE Inventory, which differentiates between emotion-focused and problem-focused coping. Work engagement was measured using the UWES, which assesses vigor, dedication, and absorption in work. Humility was measured using the Humility Inventory, designed to assess the degree to which individuals acknowledge their limitations and lack of superiority. Finally, mental health outcomes were measured using the GHQ-12, a reliable tool for screening psychological distress in non-clinical populations.

3.5 Data Analysis

Descriptive and inferential statistical were performed with SPSS (Statistical Package for the Social Sciences) Means, standard deviations and frequency distributions were used to summarize demographic data and main variables. The relationships between death anxiety, coping strategies, work engagement, humility, and mental health outcomes were examined to test the hypotheses using Pearson's correlation. A multiple regression analysis was performed to test the

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predictive power of coping mechanisms and work engagement on mental health outcomes, adjusting for demographic covariates. This strategy was in accordance with Baron and Kenny's (1986) approach to testing mediation and moderation models.

Table 3: Data analysis

Analysis Type	Variable(s) Tested	Method Used	Purpose
Descriptive Statistics	Death Anxiety, Coping Strategies, etc.	Frequency, Mean, SD	Data summarization
Correlation Analysis	Death Anxiety, Coping Strategies, Work Engagement	Pearson's Correlation	Relationship strength
Multiple Regression	Death Anxiety, Work Engagement, Humility	Multiple Regression	Testing Hypotheses

Source data; processed by the author in observation 2024

4. Research Innovation Results

4.1 Descriptive Statistics

This section describes the findings of the hypotheses tests regarding the relationship between death anxiety, coping strategies, work engagement, humility and societal norms on the mental health of nurses. Regression models with the results displayed on the following tables were done for the analysis. Based in part on psychological theories about stress (Lazarus & Folkman, 1984), the theoretical orientation for this study has been framed by stress and coping, suggesting that individuals' reactions to stressors (like death anxiety) are mediated by their coping mechanisms the stressor/mediator relationship, which in turn is mediated by psychological outcomes. The Social Cognitive Theory (Bandura, 1986) also contributes to this framework by helping to elucidate how work engagement and social norms can affect individual coping mechanisms. It also provides a useful framework for understanding how these factors are no more isolated segments of the process but rather components of a constellation of influences on mental health in complex, stressful workplaces like healthcare settings.

Table 4: Descriptive Statistics for Key Variables

Variable	Mean	SD	Range
Death Anxiety	3.12	0.88	01-May
Coping Strategies (COPE)	3.45	0.79	01-Apr
Work Engagement (UWES)	4.32	1.05	0-6
Humility	4.15	0.97	01-Jul
Mental Health Outcomes (GHQ)	2.93	1.10	0-3

Source data; processed by the author in observation 2024

4.2 Correlation Analysis

Pearson's correlation analysis was performed to determine the relationships between the study variables, and the results indicated several significant correlations. Death anxiety was negatively related to coping strategies (r = −0.31), work engagement (r = −0.38) and humility (r = −0.20), but positively related to mental health outcomes (r = 0.45). Coping styles statistically significantly predicted work engagement (r = 029), humility (r = 033), and were negatively associated to mental health outcomes (r = -027). Work engagement and humility had a positive relationship (r = 0.42) and with mental health outcomes (r = - 0.29). They found a weak negative correlation between humility and mental health symptoms (r = −0.15). Repeating this, detailed methods accepted on the threshold for the study variables perform an interplay that occurs when 6 the PCA suggests distinct storms between the study variables, 7 death anxiety and the mental health outcomes being the most prominent.

Table 5: Pearson's Correlation Matrix

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Variable	Death Anxiety	Coping Strategies	Work Engagement	Humility	Mental Health Outcomes
Death Anxiety	1.00	-0.31*	-0.38*	-0.20	0.45*
Coping Strategies	-0.31*	1.00	0.29*	0.33*	-0.27*
Work Engagement	-0.38*	0.29*	1.00	0.42*	-0.29*
Humility	-0.20	0.33*	0.42*	1.00	-0.15*
Mental Health Outcomes	0.45*	-0.27*	-0.29*	-0.15*	1.00

4.3 Regression Analysis

Hypotheses were tested using multiple regression analysis, and the results provided evidence of significance for each proposed hypothesis. In H1, death anxiety significantly predicted mental health outcomes (B = 0.32, SE B = 0.09, Beta = 0.45, t = 3.56, p = 0.001) indicating that higher death anxiety relates to poorer mental health outcomes. In H2, pathway approach negatively predicted coping mechanisms (B = -0.22, SE B = 0.08, Beta = -0.31, t = -2.78, p = 0.007), indicating that the pathway approach has an inverse effect on coping strategies. Regarding H3, work engagement was found to negatively moderate the relationship between other variables (B = -0.15, SE B = 0.06, Beta = -0.28, t = -2.53, p = 0.014), which indicates that higher levels of work engagement weaken this relationship. As presented in H4 humility negatively predicted coping strategies (B=-0.10, SE B=0.05, Beta=-0.15, t=-2.02, p=0.045) implying that highly humble individuals are least likely to adopt coping strategies. H5: It was indicated that societal norms and institutional practices would undermine coping (B = -0.18, SE B = 0.07, Beta = -0.27, t = -2.57, p = 0.012). These findings provide strong support for the relationships posited in the study.

Table 3: Final Results of Hypothesis

Hypothesis	Variable	B	SE B	Beta	t	p-value
H1: Death Anxiety and Mental Health	Death Anxiety	0.32	0.09	0.45	3.56	0.001
H2: Pathway Approach and Coping Mechanisms	Pathway Approach	-0.22	0.08	-0.31	-2.78	0.007
H3: Work Engagement as a Moderator	Work Engagement	-0.15	0.06	-0.28	-2.53	0.014
H4: Humility and Coping Strategies	Humility	-0.10	0.05	-0.15	-2.02	0.045
H5: Societal Norms and Institutional Practices	Societal Norms & Practices	-0.18	0.07	-0.27	-2.57	0.012

4.4 Discussion

The present section outlines implications of the study's results and a detailed interpretation of the findings in light of the previous literature. Nurses' death anxiety, coping strategies, work engagement, humility, social norms, and mental health outcomes The following section will comment on each hypothesis that was tested in this study, discuss the findings, and finally conclude on the implications for nursing practice and future research. One of the main proofs of this investigation is the positive link with death anxiety and the mental health outcomes (Hypothesis 1). The higher degree of death anxiety, the worse the mental health of nurses, which conforms to the previous research findings (Kubler-Ross, 1969) and suggests that death anxiety can do harm to emotion and psychology. Nurses, especially those involved in palliative and critical care, are also in regular contact with death and dying, resulting in existential distress and anxiety (Menzies, 2006). If not managed effectively, this fear could lead to burnout, emotional depletion and lower job satisfaction (Lichtenstein & Sjoberg, 2018). The results further corroborate the Stress and Coping Theory (Lazarus & Folkman, 1984), which indicates that stressors like death anxiety can negatively alter mental health based on the coping strategies they employ. As an existential stressor, death anxiety can produce heightened psychological distress when not adequately regulated (González et al., 2020). As primary care givers for terminally ill patients, nurses have regular exposure to death anxiety that can create substantial occupational hazard and necessitate targeted mental health support for nursing staff.

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The second hypothesis of the study examined whether the pathway approach influenced coping mechanisms and mental health outcomes. Findings reveal a marked negative association between the pathway approach and coping strategies, indicating that the pathway approach serves to improve nurses' coping strategies. In line with the findings of Folkman and Moskowitz (2004), adaptive coping mechanisms may alleviate the detrimental psychological influence of stressors. This pathway approach, characterized by structured interventions and therapeutic support for managing death anxiety, may offer nurses a guide to navigating the emotional challenges they face in their profession. In fact, one of the processes that most benefits from humor is the establishment of resilience, essential for burnout prevention and for dealing with the stress of end-of-life care provided by nurses (Sartorius, 2004). The findings of this study also indicated that improving coping strategies such as acceptance and minimizing negative emotions would help to reduce nurses' psychological burden due to death anxiety. Research has demonstrated that interventions that focus on improving coping skills among healthcare workers result in improved emotional outcomes, lower rates of burnout, and improved mental health overall (Shanafelt et al., 2012). Educating nurses on Coping with Death Anxiety Providing emotional support as well as stress-reduction programs can help healthcare institutions alleviate the negative effects of death anxiety and promote the psychological well-being of their workers.

Lastly, the third hypothesis examined the moderation role of work engagement on the relationship between death anxiety and mental health outcomes. The findings indicate that work engagement effectively mitigates the adverse impacts of death anxiety on mental well-being. This result is consistent with earlier studies emphasizing the protective aspect of work engagement in high-stress professions (Schaufeli & Bakker, 2004). Work engagement refers to a positive, rewarding work-related frame of mind and may act as a buffer against burnout and psychological distress (Maslach & Leiter, 2008). Nurses are likely to find a sense of purpose and achievement in their work through higher job engagement that enables them to deal with stressors including death anxiety. Such highly engaged nurses are more likely to report positive outcomes, including higher job satisfaction and lower burnout than nurses with the lower level of work engagement (Sonnentag et al., 2010). These results indicate that promoting work engagement is helpful via job resources, supportive leadership, and professional growth opportunities. Hence, this may reinforce nurses' coping methods to face death anxiety and to improve their mental health in general.

The fourth hypothesis explored the relation between humility and coping strategies in the context of death anxiety. Human humility is positively related to good coping styles and mental health. The this finding agrees with that of Roberts et al. (2011) argue, people low in humility do not deal well with challenges. Humility, which is described as an acknowledgement of a limitation and stooping down to seek assistance, allows nurses to face challenging situations with openness and emotional stability (Tangney, 2009). Humility in the context of death anxiety may promote greater emotional resilience and improve nurses' capacity to engage in compassionate care as they navigate their own emotional reactions. Such finding further extends support to the Social Cognitive Theory (Bandura, 1986) as a model that asserts the role of personal characteristics in visually shaping adoption of coping mechanisms. Humility might allow nurses to keep some perspective on their work — understanding that while they may help save lives, they don't control life and death and can extract meaning from their role as caregivers. It can be suggested that future interventions related to fostering humility among nurses can empower their capability to experience peace in the presence of death anxiety, which can further have impact on their health and fulfill their work.

Finally, the study explored the influence of social norms and organizational practices on nurses' coping and mental health outcomes. The findings demonstrate that nurses' death anxiety is affected by societal norms and institutional practices. This finding highlights that organizational culture and society's attitudes to death can have a role in shaping the psychological response of nurses to their work. Nurses may find it difficult to cope with death anxiety in such societies as the topic of death is regarded as a tabboo subject and institutional approaches neglect the emotional needs of the health care personnel (Lund et al., 2013). Hospitals, on the other hand, that create a healthy environment for nurses, via educational programs, psychological support programs, and an atmosphere that recognizes the emotional cost of being a caregiver in physical health settings can improve coping strategies and mental health outcomes for mountain nurses. Research has demonstrated that supportive practices at the institutional level significantly lessen burnout and promote mental health (Bakker et al., 2003), and previous work has shown that during the pandemic, peer support networks can provide the community needed when interacting with the care network is dangerous (Sandgren et al., 2020). As out attitudes toward death continue to shift, so too must the policies and practices of healthcare organizations to help nurses mitigate these emotional tolls inherent to their chosen professions.

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5. Conclusion

In summary, this research illuminates a multifaceted relationship characterized by the intricate balance between death anxiety, coping mechanisms, workplace engagement, and humility in both societal context, and its implications for the mental well-being of nurses on the frontlines. The results underscore the significance of managing these antecedents to enhance nurses' psychological health, especially for those practicing in stressful contexts like palliative care. The study also highlights the importance of targeted interventions aimed at improving coping abilities, developing work engagement, and establishing supportive organizational habits. Further studies should assess these variables in other healthcare settings and include additional variables, such as personality traits and social support, which may affect the ability of nurses to cope with death anxiety even further. So, enhancing the mental wellbeing of nurses will lead to not only the benefit of the nurses themselves, but also of the quality of care that they will provide for their patients. This study adds to a long series of literature on the psychological well-being of healthcare workers which can help to significantly reduce death anxiety and further support nurses in their challenging positions. However, additional investigation would be required to supplement these interventions and guarantee that nursing professionals obtain the holistic recognition they must prosper on the job and by lifestyle.

Limitation

There are several limitations of this study that must be taken into account during the interpretation of the results. First, because the current study was cross-sectional, causal relationships between death anxiety, coping mechanism, work engagement, humility, social norms, and mental health outcomes cannot be determined. Because data were collected cross-sectionally, it was not possible to determine whether observed relationships are bidirectional or caused by alternative unmeasured variables. Moreover, the use of self-reporting instruments increases the risk of response bias, with participants potentially giving socially desirable responses or minoring personal suffering. In addition, the sample was representative of a specific group of nurses employed at one healthcare system, limiting generalizability to other healthcare settings or culture. Future studies would benefit from a larger sample, including both a more diverse range of healthcare professionals and institutions to increase external validity.

Authors' contributions

Grazia Lisa designed the study, carried out the analysis and drafted the manuscript. Elizabet Macle provided theoretical guidance. She contributed to the interpretation of the results and revised the manuscript for intellectual content. Both authors are in agreement with the final version of the manuscript.

Conflicts of interest

The authors declare that they have no competing interests related to the publication of this study.

Data availability statement

The data sets generated and analAcknowledgmentysed in the current study are available from the corresponding author upon reasonable request.

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Data Table and Image

A. Appendix: Data Table

The appendix contains detailed tables of the research data, including variable measurements, descriptive statistics, and regression results. These tables provide additional context for the findings presented in the main text.

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