



Vol. 6, Issue 2, 34-40, 2017

## Academic Journal of Psychological Studies

ISSN: 2333-0821

ajps.worldofresearches.com

### The relationship between attitudes to elderly with mental health and quality of life in 40 to 70 years old

Ehsan Atashzar, Fatemeh Sheibani Tezerji\*

Department of Psychology, Bandar Abbas Branch, Islamic Azad University, Bandar Abbas, Iran.

#### A B S T R A C T

The aim of this study is examine the relationship between attitudes to elderly with mental health and quality of life in 40 to 70 years old. This study was a descriptive-correlation. Statistical population is all persons 40 to 70 years old. Sampling method is simple random sampling. Cochran formula was used to determine the sample size. The sample size was 360 persons. Result showed that there are relation between mental health and mental health components (somatic symptoms, Anxiety symptoms, social dysfunction and depression) and quality of life with attitude to elderly in 40 to 70 years old.

**Keywords:** Attitudes To Elderly, Mental Health, Quality Of Life.

#### INTRODUCTION

Aging is a sensitive period of human life and attention to the problems and needs of this period is a social necessity(Tajvar, Arab, & Montazeri, 2008). The United Nations reported in 2006, the total number of elderly in the world is , 687 million and 923 thousand people that this number will be increased in 2050 to 1 billion 968 million 153 thousand people(Vahdaninia, GOSHTASBI, Montazeri, & Maftoun, 2005). In the US, people older than 65 in 2000, 13 percent is predicted that by 2050, to reach 21% of the total population. Statistical census Center of Iran reported in the 2006, 2.7 percent of the population, including the elderly population and the elderly population in 2011 to 2.8 percent. It is predicted that by 2050 the number of elderly people in Iran to reach more than 25 million people(Karbakhsh & Zandi, 2008; Khosravi, Alizadeh, Torkashvand, & Aghaei, 2014; Mosallanezhad, Hörder, Salavati, Nilsson-Wikmar, & Frändin, 2012; Tanjani, Motlagh, Nazar, & Najafi, 2015).

\*. Corresponding Author: fatemeh.sheibani@yahoo.com

DOI: [In pressing](#)

To cite this article: Atashzar, E., Sheibani, F. (2017). The relationship between attitudes to elderly with mental health and quality of life in 40 to 70 years old. *Academic Journal of Psychological Studies*, 6 (2), 34-40.

## The relationship between attitudes to elderly with mental health and ...

Today, what researchers are looking for, not only prolong the life of human beings, But also the aim is that, by the end of the year, are finally relax and physical and mental health.

Improve physical and psychological problems related to diseases of the elderly. One of the issues that concern them and prevent mental problems and by enhancing life satisfaction can be increased positive and pleasant aspects of life in old age(Morewitz & Goldstein, 2007; Nelson, Nygren, McInerney, & Klein, 2004).

Physical change, more weakness in disease, disability and loss of relatives and friends are more evidence for death in adults. Having a little anxious about death is normal, but if the stress is severe undermines efficient adjustment(Janicki & Dalton, 2014; Wagner, LaCroix, Buchner, & Larson, 1992).

One of the factors that may affect attitudes to elderly is religious orientation. Sociological surveys in the field of religion and psychology of religion indicate the relationship between religion and various aspects of life and some scientists considered the current world, is Return period and Reload religion(Almasi, Mahmoudiani, & Jafari, 2015; Darvyri et al., 2014; Miri, Salehiniya, Tiyuri, Bahlgerdi, & Taghizadeh, 2016).

One of the variables that can be correlated with the attitude to old age is death anxiety. Death anxiety is thoughts, fears and emotions related to the final event live and beyond normal life. Death anxiety is conscious and unconscious fear of death (Bamonti, Lombardi, Duberstein, King, & Van Orden, 2016; Fry, 2000; Singh et al., 2014).

According to what stated, the purpose of this study was to evaluate the following hypotheses:

There are relation between mental health and attitude to elderly in 40 to 70 years old in Haji Abad.

There is relation between mental health components (somatic symptoms, Anxiety symptoms, social dysfunction and depression) with the attitude to elderly in 40 to 70 years old in Haji Abad.

There are relation between quality of life and attitude to elderly in 40 to 70 years old.

## METHODOLOGY

This study was a descriptive-correlation. Statistical population is all persons 40 to 70 years old. Sampling method is simple random sampling. Cochran formula was used to determine the sample size. The sample size was 360 persons.

**Cogan Questionnaire:** Cogan Questionnaire of attitude to aging first designed in 1961 by Cogan. This questionnaire contains 34 questions, which has two subscales Prejudice and appreciated. Each subscale of the questionnaire

included 17 questions.

**General Health Questionnaire :**

This questionnaire design by Goldberg 2 (1979) for separation of people with mental disorders in general population that referred to medical centers. The cut point in the questionnaire is considered, score of 23(Jamali et al., 2013).

**Quality of Life Questionnaire:**

Quality of life questionnaire contains 26 questions. The questionnaire Cole and Brief measures the quality of life for the general health, has 4 areas of physical health, mental health, social relationships and environmental health with 24 questions (each of the areas respectively 7, 6, 3, 8 items).

**RESULTS**

**Hypothesis 1:** there are relation between mental health and attitude to elderly in 40 to 70 years old.

To investigate this hypothesis, regression analysis was used and the results are shown in Table 1.

**Table 1.** Regression analysis of attitudes to mental health in old age

Model	Correlation coefficient	coefficient of determination	corrected coefficient of determination
1	0.23	0.05	0.05

**Table 2.** ANOVA of mental health on attitudes to Aging

Model	Sum square	Df	Mean square	F	P
regression	4955.93	1	4955.93	21.31	**0.001
Residual	83241.16	358	232.51		
Total	88197.10	359			

**Table 3.** Regression analysis of attitudes to old age in terms of mental health

Model	B	Standard error	$\beta$	t	p
constant number	99.82	3.68	-	27.08	**0.001
mental health	0.27	0.05	0.23	4.61	**0.001

## The relationship between attitudes to elderly with mental health and ...

**Hypothesis 2:** There is relation between mental health components (somatic symptoms, Anxiety symptoms, social dysfunction and depression) with the attitude to elderly in 40 to 70 years old.

**Table 4.** Regression analysis of attitudes to aging in terms of mental health components

Model	Correlation coefficient	coefficient of determination	corrected coefficient of determination
1	0.60	0.37	0.36

**Table 5.** ANOVA of mental health component on attitudes to Aging

Model	Sum square	Df	Mean square	F	P
regression	32638.12	4	8159.53	52.13	**0.001
Residual	55558.97	355	156.50		
Total	88197.10	359			

**Table 6.** Regression analysis of attitudes to old age in terms of mental health component

Model	B	Standard error	$\beta$	t	p
constant number	132.59	4.00	-	33.07	**0.001
Somatic symptoms	0.75	0.13	-0.23	5/55	**0.001
Signs of Anxiety	0.04	0.10	-0.01	0/39	0.690
Impaired social interaction	3.70	0.27	-0.66	13/32	**0.001
Symptoms of depression	1.33	0.16	-0.41	8/21	**0.001

**Hypothesis 3:** There are relation between quality of life and attitude to elderly in 40 to 70 years old.

**Table 7.** Regression analysis of attitudes to aging in terms of quality of life

Model	Correlation coefficient	coefficient of determination	corrected coefficient of determination
1	0.32	0.10	0.10

**Table 8.** ANOVA of quality of life on attitudes to Aging

Model	Sum square	Df	Mean square	F	P
regression	9491.30	1	9491.30	43.17	**0.001
Residual	78705.79	358	219.84		
Total	88187.10	359			

**Table 9.** Regression analysis of attitudes to old age in terms of quality of life

Model	B	Standard error	$\beta$	t	p
<b>Constant number</b>	45.77	5.75	-	7.95	**0.001
<b>quality of life</b>	0.51	0.07	0.32	6.57	**0.001

## CONCLUSION

The results showed that there is a correlation between mental health and attitudes to aging and mental health explained attitudes to the elderly in the total variance of research group.

Bayer conducted a study as titled, family and social interaction effect on depressive symptoms Elderly in rural areas. Participants indicated that most of them are involved in social outlet and communicate with group members' therapist, close friends and members. On the other hand, negative interactions with family members effect on their behavior the symptoms that consistent with the results obtained in this thesis(Bayer, 2007).

In explaining this result it can be Saied, improved economic, social and health conditions in developing countries, especially Iran and rising life expectancy, the elderly population is increasing substantially. Also attitude of other people, towards the elderly according to their mental health is varies that results are somewhat confirms this.

On the other hand there is correlation between the components of mental health and attitudes to aging and mental health components explained the variance in attitudes to aging in total the research group.

Results showed there is a significant relationship between the public health and social support with life satisfaction Elderly. Also, there is statistically relationship the length of stay in nursing homes and general public health and subscales of physical symptoms, severe depression and life satisfaction among the elderly. Components of social dysfunction and severe depression and social

## The relationship between attitudes to elderly with mental health and ...

interaction significantly predict the satisfaction of life (Demura & Sato, 2003; Koenig et al., 1997).

In explaining this result it can be said, that as much as older people and the number of adults increases it is important for the community that evaluated attitudes and perceptions of people younger than age and that after aging to what extent are people active, It goes back to a community approach.

Result showed that there is a correlation between quality of life and attitude toward aging. And quality of life explains 10 percent of the variance in attitudes to the elderly in the research group. Berman (2004) achieved similar results with the results of this study. Berman showed that loneliness was associated with lower life satisfaction (Berman et al., 2004).

In explaining these findings, we can say That aging is a sensitive period of human life, which the Elderly are exposed to potential threats such as the rising incidence of chronic diseases, social isolation, lack of social support and threatened physical disabilities and mental autonomy, so pay attention to the issues and needs of this stage of life is a social necessity .So whatever is lower the quality of life More negative attitudes to aging.

## REFERENCES

- Almasi, M., Mahmoudiani, S., & Jafari, M. (2015). s Associated with Feelings of Happiness among the Elderly. *Iran Journal of Nursing*, 27(92), 23-32.
- . Bamonti, P., Lombardi, S., Duberstein, P. R., King, D. A., & Van Orden, K. A. (2016). Spirituality attenuates the association between depression symptom severity and meaning in life. *Aging & Mental Health*, 20(5), 494-499
- Bayer, E.-R. (2007). *Impact of family and social interaction on depressive symptoms among older adults in a rural environment*: ProQuest.
- Berman, E., Merz, J. F., Rudnick, M., Snyder, R. W., Rogers, K. K., Lee, J., . . . Wolpe, P. R. (2004). Religiosity in a hemodialysis population and its relationship to satisfaction with medical care, satisfaction with life, and adherence. *American Journal of Kidney Diseases*, 44(3), 488-497.
- Darvyri, P., Galanakis, M., Avgoustidis, A. G., Pateraki, N., Vasdekis, S., & Darviri, C. (2014). The Revised Intrinsic/Extrinsic Religious Orientation Scale in a Sample of Attica's Inhabitants. *Psychology*, 5(13), 1557.
- Demura, S., & Sato, S. (2003). Relationships between depression, lifestyle and quality of life in the community dwelling elderly: a comparison between gender and age groups. *Journal of physiological anthropology and applied human science*, 22(3), 159-166.
- Fry, P. S. (2000). Religious involvement, spirituality and personal meaning for life: Existential predictors of psychological wellbeing in community-residing and institutional care elders. *Aging & Mental Health*, 4(4), 375-387.
- Jamali, A., Tofangchiha, S., Jamali, R., Nedjat, S., Jan, D., Narimani, A., & Montazeri, A. (2013). Medical students' health-related quality of life: roles of social and behavioural factors. *Medical education*, 47(10), 1001-1012.
- Janicki, M. P., & Dalton, A. J. (2014). *Dementia and Aging Adults with Intellectual Disabilities*:

- A Handbook: Routledge.*
- Karbaksh, M., & Zandi, N. S. (2008). Pattern of poisoning in the elderly: an experience from Tehran. *Clinical toxicology*, 46(3), 211-217.
- Khosravi, A., Alizadeh, M., Torkashvand, M., & Aghaei, N. (2014). Population ageing in IR Iran. *Tehran, Iran: United Nations Population Fund in Iran.*
- Koenig, H. G., Hays, J. C., George, L. K., Blazer, D. G., Larson, D. B., & Landerman, L. R. (1997). Modeling the cross-sectional relationships between religion, physical health, social support, and depressive symptoms. *The American Journal of Geriatric Psychiatry*, 5(2), 131-144.
- Miri, M. R., Salehiniya, H., Tiyuri, A., Bahlgerdi, M., & Taghizadeh, A. A. (2016). Relationship between religious orientation and mental health in older people. *History of Medicine Journal (Quarterly)*, 6(21), 83-102.
- Morewitz, S. J., & Goldstein, M. L. (2007). Psychological Problems in the Elderly. *Aging and Chronic Disorders*, 35-43.
- Mosallanezhad, Z., Hörder, H., Salavati, M., Nilsson-Wikmar, L., & Frändin, K. (2012). Physical activity and physical functioning in Swedish and Iranian 75-year-olds—A comparison. *Archives of Gerontology and Geriatrics*, 55(2), 422-430.
- Nelson, H. D., Nygren, P., McInerney, Y., & Klein, J. (2004). Screening women and elderly adults for family and intimate partner violence: a review of the evidence for the US Preventive Services Task Force. *Annals of Internal Medicine*, 140(5), 387-396.
- Singh, S., Raut, N. B., Subramanyam, A. A., Kamath, R., Pinto, C., & Shanker, S. (2014). Perception of old age and self: A comparative study of elderly females living in community and in old age home. *Journal of Geriatric Mental Health*, 1(1), 32.
- Tajvar, M., Arab, M., & Montazeri, A. (2008). Determinants of health-related quality of life in elderly in Tehran, Iran. *BMC public health*, 8(1), 323.
- Tanjani, P. T., Motlagh, M. E., Nazar, M. M., & Najafi, F. (2015). The health status of the elderly population of Iran in 2012. *Archives of Gerontology and Geriatrics*, 60(2), 281-287.
- Vahdaninia, M., GOSHTASBI, A., Montazeri, A., & Maftoun, F. (2005). Health-related quality of life in an elderly population in Iran: a population-based study.
- Wagner, E. H., LaCroix, A. Z., Buchner, D. M., & Larson, E. B. (1992). Effects of physical activity on health status in older adults I: observational studies. *Annual review of public health*, 13(1), 451-468.