

The Effective Factors on Elderly Mental Health

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Abstract

The present research is comparatively-causally conducted focusing on comparing effective factors on elderly mental health resident in nursing house and their own house. The participants were all elderly of nursing houses and the elderly living at their own houses in Isfahan. The sample volume was determined through using stratified sampling method. The samples contained 120 elderly, 50 residents at nursing house composed of 25 males and 25 females; and 70 individuals living at homes of which 35 individuals were male and 35 female. The data were gathered through Labiound and Labiound Depression, Anxiety and stress 21-item scale (DASS) (1995). This questionnaire included a combination of self-report three scales to assess negative emotional states in depression, anxiety and stress. The results showed that there is a significant difference between mental health of elderly living at nursing houses as compared to those living at their own houses; in addition, the elderly living at home showed higher mental health. There was no significant statistical difference between the two genders. There was seen no significant relation between religious compliance and the voluntary or compulsory entering in nursing house with residents of nursing house. The effective factors on taking elderly to nursing houses include no children, no personal house and spouse death. There was also no significant relation between children education level and religious beliefs with taking elderly to nursing house.

Key words: Elderly, mental health, nursing house

Introduction

Individuals' compatibility with the very society needs is a basic requiring particular attention. Certainly, this compatibility is merely possible under the light of society physical and mental health. Mental health is considered more important as it largely effects on physical status. Hence, it is essential to recognize the current mental health status in order to provide it for community. Psychological evaluations effectively help in recognizing the current status. However, it is not only the issue of psychological principles; the sociological terms are also discussed in relation to mental health issue. There is a set of factors creating psychological health issue in society and individuals which are not separately identified. Therefore, it is initially useful to get familiar with various views mental health status in different schools [7]. Mental illnesses were existed since the beginning of human creation; no human being is immune against this always threatening risk. Lack of understanding, conflict and behavioral disorders are obvious and abundant in human communities including family, school, work, workroom, factory, university, group and society. All individuals from male and female, child and adolescent, young, adult, employee, unemployed, worker and employer, teacher, student and etc, are exposed to mental disorders and discomforts; this broad span justifies the necessity of how to cope with mental illnesses [3]. Physical and mental health, peace of mind and finally happiness and comfort are all phenomena realizing in relation to human beings environment. Inappropriate functioning of institutes and economic, social, cultural, health care systems in a society are directly related with the population physical and mental health which threatening the individuals' health. In societies that human beings are influenced by unfavorable environmental factors such as natural disasters (flood, earthquake), epidemic diseases, and failures caused by expanding major cities (pollution and traffic), economic injustices, war, social crises, and breaking

families, cultural intra- and inter-group conflicts and such similar issues, it is impossible to expect mental and physical health. Each of the above mentioned natural and social phenomena can influence on a normal individual usual life causing abnormalities [6]. Experts believed that favorable mental and physical health may not be realized for human community unless justice, equality, social, economic and health rights are properly implemented; and, health care facilities and preventing diseases are equally and fairly distributed [2]. Human being, during 20 century, has increasingly undergone changes in terms of life styles, social relations as well as economic issues comparing all history. Trying to industrialization, urban development, and mechanical life which require accepting new life styles, have reversely influenced on human health determining other aspects in health. Society mental health is considered as these aspects. An old issue was recently considered by professionals. Given the prevalence of mental illness in society, the significance of trying to improve any community mental health can be more evident. The most important point is to prevent the problems causing society mental health disorder which normally is followed by negative subsequent. It is known that mental health is related with individual's social and physical problems, any other group of people more than elderly are involved in problems including physical disability, neurological and sensory deficits, losing families, cumulative effects of abundant painful lifetime experiences as well as social stresses such as anti-aging [15].

Large numbers of elderly live with family which helps them to manage regular daily life. Elderly relation with family members can be impaired as the caregiver and the patient may be challenged between anger and feeling of guilty while playing new roles [5]. Once changes in physical health or cognitive abilities are extremely daunting for social life, lots of people move to retiring clubs or nursing houses to get more support and protection. Preventing of this event just requires getting to know the population mental health status in the target society (the society we intend to implement prevention), since getting to know the current status makes us hope and helps us to remove mental health disordering factors by applying proper methods. Elderlies' mental health is critical due to nurturing the generation. Thus, this research tried to study and compare effective factors on elderly mental health resident at own houses and nursing houses.

Daneshyar [8] conducted a research named "studying capable and aware elderly's life expectancy resident at Golabchi nursing house, Kashan" and concluded that there is a positive, significant relation between elderly's life expectancy with variables such as physical status, the amount of collaboration with nursing home staff, discipline by elderlies and staff, religious beliefs and the resident length.

Kafrashi (1997) conducted a research named "studying elderlies' characteristics and problems, case study: Fin area, Kashan" and found out that elderlies need lots of attention and affection, in particular male elderlies. Male elderly are highly dependent on their wives such that it is told it is hard or even impossible to live without them; whereas, this is rarely seen in females. Moreover, attitude to youth is positive in male elderly; while, it is contrary among women as they lack a positive attitude to youth period.

Bahrami and Ramezani Farani [9] found out, in a research named "the role of intrinsic and extrinsic religious beliefs in elderly mental health and depression", that extrinsic religious belief is related with mental health disorder and depression; and intrinsic religious belief is related with mental health. Also, depression and mental disorder is higher in elderly resident at nursing homes as compared to nonresidents; in addition that resident elderly have more extrinsic religious view.

Akbari Kamrani [10] in "studying elderly's physical, social and mental problems in Tehran, area 13" concluded that elderly, in particular female elderly, encountered many various physical, social and mental problems. So, these problems may influence on quality of life. This study showed that removing elderly's physical, social and mental problems as well as meeting their needs require systematic programming and measures.

Pour Kakhki and Saeidi (2013) studied the elderly quality of life in the second area of Tehran and provided that there is a significant difference between male and female elderly in terms of all quality of life dimensions; and the quality of life were higher in male elderly. Married and higher educated individuals with private houses had higher quality of life.

Bazr Afshan, Sadat Maddah, Hosseini and Rahgozar [12] in a research "the quality of life in the female elderly of Jahan didegan Club, Shiraz" concluded that some factors such as illness, education level, age,

marital status, income and occupation influence on the female elderly quality of life. Therefore, it is necessary to consider strategies to solve elderly's current and future problems.

Hosseini, Bazrafshan, Rahgozar and Sadat Maddah (2007) in a study showed that exercising in the studied elderly has improved the quality of life; consequently, sport will improve elderly's life.

In Kaczorowski study [16] there was seen a significant difference between mental health of elderly resident at home and nursing home; which was higher in elderly living at home in comparison to nursing home residents.

Riley et al [15] showed in a study that mental health is higher in married individuals as compared to singles; moreover, lacking private house was effective on keeping elderly at nursing home.

Karren [14] demonstrated that divorced individuals and those who are dissatisfied with their marriage may get involved in mental health problems; however, this impact is dependent on individuals' age and gender. The divorced one lost its major social support source i.e. family; thus, being alone with no family (children and wife) is an effective factor of putting elderly in nursing home.

Kandasamy&Chaturvedi [17] showed that mental health is also related with marital status such that widowed and divorced individuals have higher mental health. In this study, education level of elderly's children living at home was significantly different from elderly resident at nursing home. Nursing home elderly with lower educated children had higher mental health level.

Kandasamy et al [17] research conducted in India showed that several factors contribute in elderly gender distribution in different places including nursing home. Social and cultural factors can be mentioned as effective factors which are different in different societies. For instance, according to conducted study, the numbers of males were higher than females at nursing home. The women had better mental health score in comparison to men.

2. Research hypotheses

1. There is a significant difference between mental health of nursing home elderly in comparison to elderly living at home.
2. Children education level is effective in taking parents to nursing home.
3. Lacking private house, children and spouse death are effective factors of being at nursing home.
4. Religious beliefs contribute in nursing house elderly mental health.
5. Voluntary or compulsory attending in nursing home is effective in elderly mental health.
6. Women had higher mental health in comparison to men resident at nursing home.
7. Children religious beliefs contribute in elderly attendance at nursing home.

3. Research methodology

This descriptive research methodology is comparative-casual. The participants were all elderly living at home and nursing home in Isfahan. The sample volume was determined using stratified random method. The samples were 120 elderly, 50 residents of nursing home half male and half female; and 70 individuals living at home of which 35 were males and 35 females. The data were gathered through Labiound and Labiound DASS questionnaire(1995) including 21 items of anxiety, stress and depression scale. This questionnaire is a combination of three self-report scales to assess negative emotional states in depression, anxiety and stress.

4. Research findings

First Hypothesis: There is a significant difference between mental health of nursing home elderly in comparison to elderly living at home.

Table 1. T-test results in comparing mean scores of elderly's mental health resident in and out of nursing home

t- test results Variable	t-value	Degree of freedom	Significance level	Mean differences
comparing mean scores of elderly's mental health resident in and out of nursing home	- 2.92	118	0.004	12.85

According to Table1, t value is – 2.92, degree of freedom 118 and significance level is .004 as $p < 0.05$. Hence, it can be concluded that the difference between mean scores of elderly's mental health resident in and out of nursing home is significant. Thus, the research first hypothesis is maintained at 0.95%.

Second Hypothesis: Children education level is effective in taking parents to nursing home.

Table 2. Chi-square results of the observed and expected frequency of elderly's children education level at nursing home and outside

Chi-square test	Degree of freedom	Significance level
3.24	1	0.07

According to Table 2 it can be said that $\chi^2 = 3.24$ and $df = 1$ and $sig = 0.07$ as $p > 0.05$. Thus, there is no significant difference between observed and expected frequency. So, the second hypothesis will be rejected meaning that children education level is not effective.

Third Hypothesis: Lacking private house, children and spouse death are effective factors of being at nursing home.

Table 3. Chi-square test results of contribution of having no children in keeping up elderly parents at nursing home

X value	Degree of freedom	Significance level
24.70	1	0.00

As it is shown in Table 3, x value is 24.70, df= 1 and sig= 0.00 since $p < 0.05$. Therefore, it can be said that there is a statistically significant difference between observed and expected frequency; in other words, having no children is effective on attending elderly at nursing home.

Table 4. X-test results about the effect of lacking private homes on elderly's attendance or absence in nursing home

X value	Degree of freedom	Significance level
51.43	1	0.00

As Table 4 shows, since $p < 0.05$, x value is 51.43, degree of freedom will be 3 and sig=0.00. So, it can be stated that the observed and expected frequencies difference is statistically significant meaning that lacking private house is effective on elderly attendance at nursing home.

Table 5. Chi-square test on the effect of no wife on the elderly attendance at nursing home

X value	Degree of freedom	Significance level
16.33	4	0.003

Table 5 shows $x=16.33$, $df=4$ and significance level is 0.003 since $p < 0.05$; thus, it can be stated that the difference between observed and expected frequency is statistically significant indicating that being single (no wife) is effective in attending elderly at nursing home. Therefore, it can be concluded that since $p < 0.05$ in all three elements of third hypothesis, the third hypothesis may be maintained at 0.095.

Fourth Hypothesis: Religious beliefs contribute in nursing house elderly mental health.

Table 6. ANOVA results of comparing mean scores of elderly's mental health according to religious status

Changes	Squares sum	Degree of freedom	Mean square	F value	Significance level

mean scores of elderly's mental health according to religious status	2357.49	3	785.83	1.71	170.17
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Table 6 shows that since $p > 0.50$, f value and significance level will be 1.71 and 0.17, respectively. Therefore, it can be concluded that there is no difference between mental health scores in terms of belief and religious status; so, the fourth hypothesis may be rejected.

Fifth hypothesis: Voluntary or compulsory attending in nursing home is effective in elderly mental health.

Table 7. T-test results in comparing elderly's mental health scores voluntary or compulsory visited nursing house

t value	Degree of freedom	Significance level	Mean difference
- 0.61	42	0.54	4.97

Table 7 presents that $t = -0.61$, $df = 42$ and $sig = 0.54$ since $p < 0.05$; therefore, it can be concluded that there is no significant difference between elderly's mental health scores who voluntarily or compulsorily visited nursing home; so, the fifth hypothesis is rejected.

Sixth Hypothesis: Women had higher mental health in comparison to men resident at nursing home.

Table 8. T-test results in comparing male and female mental health scores resident at nursing home

Variable	t-value	Degree of freedom	Significance level	Mean difference
comparing male and female mental health scores resident at nursing home	1.31	43	0.19	8.50

Table 8 shows $t = 1.31$, $df = 43$ and significance level 0.19 since $p > 0.05$. Thus, it can be stated that the difference between male and female mental health mean scores is not statistically significant and men have no higher mental health in comparison to women. Hence, the sixth hypothesis is rejected.

Seventh hypothesis: Children religious beliefs contribute in elderly attendance at nursing home.

Table 9. Chi-square test in comparing elderly's children religious beliefs living at home and nursing home

X value	Degree of freedom	Significance level
3.90	3	0.27

Table 9 shows $\chi = 3.90$, $df = 3$ and $sig = 0.27$ since $p > 0.05$. Therefore, it can be indicated that there is no significant difference in comparing elderly's children religious beliefs living at home and nursing home. So, the seventh hypothesis will be rejected.

Discussion and conclusion

This research is conducted focusing on comparing effective factors on elderly's mental health living at home and nursing home. The research used a mental health questionnaire named Labiound and Labiound Depression, Anxiety and stress 21-item scale (DASS) (1995). The results showed that elderly living at home or outside nursing home have higher mental health in comparison to elderly resident at nursing home (first hypothesis). According to the obtained results, children education level has no significant effect on elderly's attendance in nursing home. Factors like having no child, lacking private house or spouse death expressed in the third hypothesis are statistically significant maintaining the third hypothesis. It can be attributed to elderly's loneliness or homelessness. Of which the most critical cause of attending at nursing home is lacking private home for males and husband death for females. Having no child is may be considered as the common cause of elderly attendance at nursing home. However, regarding conducted studies, factors such as elderly's religious beliefs and loyalty (fourth hypothesis) and attendance type including voluntarily or compulsorily (fifth hypothesis) have no significant influence on elderly's mental health; and the hypothesis that women have higher mental health in comparison to men is not statistically significant; hence the sixth hypothesis will be rejected. Scholars believed that the insignificant effect of religious beliefs on the elderly's mental health contrary to other studies can be explained as individuals' religious status is self-reported in this research; and since they are unable to perform religious rituals; so, probably scored themselves low; or as individuals were just compared, in this study, in terms of religious beliefs in three excellent, intermediate and weak levels; whereas, if they were compared with non-religious ones, the profound effects of religious on individuals with different beliefs levels and life expectancy will be determined in comparison to non-religious individuals (Forth hypothesis). In rejecting the fifth hypothesis it can be said that there is no option to them; or in other word, if they voluntarily entered, they were also obliged due to being ashamed of their children. The sixth hypothesis is rejected since women dependence and attachment to family, particularly husband and children. Moreover, the seventh research hypothesis i.e. the effect of children's religious beliefs on elderly's attendance or non-attendance at nursing home is rejected, too. It means that it has no significant impact on elderly's attendance or non-attendance at nursing home. The researcher raised these questions to justify this hypothesis rejection: 1. Why both children with religious beliefs and those lacking religious beliefs take care of their parents? 2. Why both children with religious beliefs and those lacking religious beliefs leave their parents at nursing home? In answering the first question, it may be stated that some take care of their parents following holy Quran and tradition. And in unreligious individuals it is attributed to doing duty. In answering the second question, it can be replied that religious individuals leave parents at nursing home due to lacking required facilities such as enough income, special rest rooms or the lack of elevator; and for non-religious individuals it is related to irresponsibility and lack of conscience. In addition to the aforementioned, there were some variables, with higher or lesser effectiveness, contributing in these results. Therefore, the obtained results cannot be definite or unchangeable; and or, be generalized to all elderly weather living inside or outside nursing home. Furthermore, it can be said that however the results of this research and other studies indicated elderly's better mental health living outside in comparison to elderly resident at nursing home; therefore, the results inconclusiveness is related to the limitations and obstacles of this research.

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