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## **INVESTIGATING THE EFFECTIVE INDIVIDUAL AND SOCIAL FACTORS IN ELDERLY AND FAMILY TIES FROM THE VIEWPOINTS OF FAMILY, ELDERLY AND EXPERTS**

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### **ABSTRACT**

This research was carried out with the aim of investigating and determining the effective individual and social factors in keeping the relationship between the family and the elderly residing in Tehran from the viewpoints of the elderly, family, and experts. A total of 180 respondents (109 geriatrics, 49 families, and 22 experts) were selected through random sampling method. In order to assess research variables, Bell Adjustment Inventory was used to assess social adjustment, Veer mental and physical health inventory to assess physical and psychological well-being, plus general health questionnaire and social protection questionnaire. The collected data were analyzed by Multivariate Regression and Pearson correlation coefficient. Results revealed that there was a significant relationship between social bond and individual and social factors. Social and individual factors can predict the elderly bonding. Results of this research stress the role of social factors and interpersonal relations in improving mental and physical health in the elderly.

**Keywords:** *Family, Elderly, Individual Factors, Social Factors, Social Protection, Physical Health*

### **INTRODUCTION**

Senility is a biological and mental process involving all living beings including the human being. Senility is not a disease but a vital phenomenon that influences all beings and represents the natural route of physiological and mental changes together with other various social reactions and actions. Senility is not a unilateral process albeit. We get older biologically, psychologically, and sociologically; the experience of senility is assessed and defined through the relationship among the said factors. To better understand senility as a part of life it is good to take a brief look at the concept of life and its dynamisms which will finally lead to geriatric, senility, and then death.

Today, medical medicines, reduced fertility, socio-economical developments and improved lifestyles have promoted life expectancy sparking a growing old population of the world. According to UN Population Division, the population ratio will rise up to 22% by 2050 (UN, Population Division, 2012)

By 2006, the elders accounted for almost 3.7% of Iranian population which shall reach to 2% until 2052. The old are subject to mounting pressures due to diseases, decreased physical power, lack of financial independence, losing friends and relatives etc., which can lead to their entirely isolation.

Social attachments can notably contribute to promotion of sense of security and improved health. Increased attachments and connections in a community will bring about improved sense of security and health in that community. Furthermore, when psychological and physical diseases start to reduce, individuals' capability to assume roles in community will enhance. This particularly holds for the old whose physical, social and psychological conditions is of such a great importance that it is possible to reduce the expenses which are to be paid for their health if the community can improve their physiological health. Also, the movement from traditional era into industrialization has sparked heavy discussions on psychological health in community. Being in a society with dramatic changes in structures can affect its members psychologically.

Old age is a stage of our life that starts from 65, which is accompanied by gradual malfunction of body organs and turns one into a weak person in terms of physiological, talents and health points of view. However, the old share similar needs with middle-aged people. Most of the time, the old people tend to

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engage in their former activities, but they cannot because it is the community that separates them from the others. Mahdizadegan (2001) suggest that it depends on who they were used to live, what socio-economic and health position they enjoyed, than their age and oldness. World Health Organization statistics show that 24 to 28% of the individuals older than 65 year of age live alone. They are typically retirees and compulsory retirement can bother them and put them subject to spiritual pressures. Although aging can potentially contribute too many problems in the future, no matter of being man or woman, it can be anticipated that it has left mixed impacts. A careful look into differences can pave the way for gaining a clear insight into aging conditions and the old, and it can contribute to making best plans for them both (men and women).

The human being is a natural entity concerning form and a social entity concerning content (intellectual, emotional, and behavioral). Naturally, some changes occur in the human organism during geriatric. The nervous system, the sensory systems (vision, touch, hearing, taste, smell), the cardiovascular and respiratory system get weaker, the immunity system gets weaker, the sleep pattern changes, and fats are distributed and accumulated in different body parts in a different way.

Changes occur regarding content too. The clichés from adults such as geriatric is an unavoidable destruction is common in western countries. Traditional clichés work automatically and subconsciously like other clichés and notions. According to research findings, the negative geriatric clichés have negative and inhibiting effects on the geriatric performance; while positive ones tend to reduce stress and boost strength. Nonetheless, cliché making by the old people in their daily life experiences is a common phenomenon in the western industrial states. In cultures that highly respect the elderly, geriatric is seemingly the source of pride and honor. In a research, the Chinese adults who were different in age, called the elderly by negative clichés less frequently than that the Canadian adults might do. Japan honors its senile citizens in a yearly festival. In a ceremony called “KENERKI”, they recognize the old person’s release from the responsibilities of middle age, and new freedoms and abilities and position in society.

The investigations performed on the issue of geriatric and also the statistics and figures released by the World Health Organization and other competent authorities indicate the hasty pace of geriatric and the increasing geriatric process throughout the world, particularly in developed and developing countries. The social, economic, and technological changes and evolutions and scientific achievements have provided the grounds of rapid growth of senility and hence, evolution of values and traditions, and replacement of new values. These changes have increasingly strengthened the quality of relationships between the individuals and families. These changes have led to issues in taking care of the elderly, and supplying their needs in the family.

As a result of heeding to these comprehensive changes in recent centuries, the position and standing of the elderly whether socially or economically and in terms of mental and physical well-being and social bonds have decreased compared to past communities. Along with these value changes in this century, we witnessed the change in the health status of the geriatric concerning their mental and social aspects compared to the past.

Accordingly, the most important reason to choose this topic for research is to objectively and systematically identify these newly-introduced topics. This way, upon identifying these reasons, we may witness the returning of comfort feeling in the elderly in other ways. This part of issues is of particular importance in relation with the topic under study. Long life and the increase in the number of old persons are the graces of social development on the condition that the quality of their life is more investigated. Such challenge needs innovation and commitment and in many communities, it needs revision of social and sanitary policies to satisfy the demographic needs of the elderly.

An important factor in increasing the quality of the life of geriatric is identifying and satisfying their physical, mental, and social needs. Therefore it is necessary to study the needs of these people in all aspects of life. The change in the research process- social view to individual view- in multiple aspects (cognitive, physical, emotional, and social), indicate the increase in the attention toward the geriatric.

Our research aims to examine the psychological and emotional factors in two individual and social aspects. Studies performed on physical, mental, and social issues prove that these aspects and problems

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and the reasons of these problematic signs and the internal and external factors associated with these issues were never investigated simultaneously. This research can clarify the relationships among these variables in whole and methodologically.

The elderly are one of the growing social groups in today communities and are increasing according to the country's age pyramid. Therefore, any decision making and planning about this group requires precise understanding based on objective and practical observation of their issues. The major difference between advanced countries and developing countries is that the government and the people in developed countries are ready to face the challenges of the increasing number of the elderly. Yet, most developing countries are not aware of this phenomenon and its social and economic consequences. Therefore, they lack a pre-compiled plan to face these consequences.

Recently, measures have been launched to solve the problems of old people in many communities including Iran. Since any decision making indicates cultural-social interpretations of society and since the problems and needs of the old persons are different from other people, it is therefore better to plan for the geriatric after identifying their needs and take interfering measures. Planners must have a complete knowledge of all aspects of the elderly needs. Based on the above variables, this research can assist us identify the individual and social factors in the communicative aspects between the elderly and the family. This necessitates conducting this research from another aspect, which is the applied necessity of our research.

The necessity of our research originates from the fact that this research helps us to identify the geriatric issues and problems in the first place, and expand the objective information in this field in order to deviate the direction of changing attitude of community to the elderly and change the looks to the elderly. This way, senility will be assumed as a natural process in life and nothing else. Secondly, by coherent and scientific study of this topic and referring the results to welfare planners and authorities of the country, we can take steps to increase the health and well-being of the elderly and enhance their living conditions in community and in the family. Naturally, the results will be supplying for the health and well-being of the elderly in multiple aspects.

### **Statement of the Problem**

Senility is a sensitive period in the human life. It is a social necessity to pay attention to the needs and issues of this stage. In 1970, the population of the elderly aging above 60 years throughout the world exceeded 291 million people equivalent to 8% of the total population of the world. World's population reached 600 million people in 2000 and it is anticipated that the population of the elderly aging over 60 will reach to 10000000000 people in 2020 (Iranian Census Center, Quoted from Masnavi, 2007).

The phenomenon of the increase in the elderly population is one of the most important economic, social, and health challenges of the twenty first century. This process of the elderly population increase will also happen in our country where at the present time, almost 6.6% of its population consists of the people aging above 60 years. The predictions inform of the increase of the elderly population to 10.3% in the next twenty years. It goes without doubt that the increase in the number of the senile population will increase their support, social, rehabilitation, and health and treatment issues and problems.

At the present time, over 36% of the health care expenses are spent on the elderly population. The Yeilagh *et al.*, (2009) has focused on rehabilitation processes in the elderly in three areas of the elderly and development, improving health and well-being in the elderly and assurance in creating rehabilitating and supportive environments. The American Organization of Health and Human Services stresses on regular exercising, not smoking cigarettes, avoiding alcohol consumption, appropriate nutrition and immunization proportionate to age in order to promote health.

Maftoon *et al.*, (2002) proved that differentiated the three levels of life satisfaction, i.e. satisfaction with past, present, and future for the estimation of the influences of this structure on mental health may lead to more precise predictions of mental health and fighting the sources of stress in every one's life. Kovma *et al.* made a meta-analysis about life satisfaction. They found that lower satisfaction in life is associated with suicide attempts. Even when the variables such as age, gender, and basic health status and alcohol consumption are controlled, dissatisfied men are 25 times more prone to the risk of suicide. Roberston

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(2003) showed that life satisfaction is associated with mental health. The higher satisfaction with life, the higher the individual is prone to experiencing positive feelings and emotions. Maltbay and associates found that people with higher level of satisfaction in life, use more effective and appropriate coping styles, experience more positive emotions and feelings, and enjoy higher level of general health.

Correcting the life style and heeding to its quality leads to increased efficiency and independence in the elderly and helps them control the numerous impacts of geriatric and its various treatments. Studies prove that one-fifth of disabled people need help to perform their daily life activities, of which almost 58% includes the people aging above 65 years. In the process of treatment and taking care of the elderly, the effective factors in the quality of their lives should always be considered. The medical strategies will be useful only when they improve the life quality of the elderly. In order to better plan and identify the issues and problems of the old people, their characteristics should be reviewed from a variety of aspects. One of the most important and influential aspects in the quality of the life of old people is the way of their social interactions and particularly the communication and ties of the old people with their families. This research tries to identify and study the effective factors and provide the required substructures for the future planning and promote these types of interactions.

#### ***The Importance and Necessity of the Research***

The comprehensive changes of recent centuries have led to the descending of the status and position of the elderly, whether socially or from the economic perspective, mental health, physical perspective and social communications as compared to the past communities. Along with the changes in these values in this century, we witnessed changes in the health status of the elderly in mental and social aspects in the modern period compared to the last century. Taking the above into account, the most important reason of choosing this research topic is to objectively and systematically identify these newly introduced topics. By identifying these topics, we may witness the peace and comfort in the elderly in other forms.

Long life and increased number of the elderly are the graces of social development on the condition that their life quality is more considered. Such challenge needs innovation and commitment and, in many communities, revision of social and health policies in order to satisfy the needs of the old population. An important factor in improving the quality of the life of old people is identifying and satisfying their physical, mental, and social needs. Therefore it is necessary to review their needs in all aspects.

The change in the process of studies from social view to individual view in a variety of aspects (cognitive, physical, emotional, and social) indicates the extension of attentions to the elderly. The topic of our research is to study the psychological and emotional factors in two individual and social aspects. In the studies dealing with mental, physical, and social issues, these problems and issues have never been studied to find the causes of these problematic symptoms and the internal and external factors associated with these problems. This research can clarify the dimensions of these variables methodologically.

Moreover, the elderly are one of the growing social groups in modern communities. They have become specifically important due to the age pyramid of country. Any decision making and planning in relation with this group needs precise understanding based on objective observations of their issues. The major difference between the advanced and the developing countries in this regard is that the government and the people in the developed countries are ready to face the challenges of the increasing number of old people. Most of the developed countries are not aware of this phenomenon and its social and health and economic consequences. Therefore, they do not have a pre-planned program to face these consequences.

Recently, in most communities including Iran, measures have been launched to solve the problems of the elderly. But since any type of decision making indicates the cultural-social interpretation of community and the needs and problems of the elderly are different from other people, it is better to thoroughly identify the needs of the old people before any interventions. Decision makers should have a thorough understanding of all aspects and needs of the old people.

This research and the abovementioned variables could help us to understand the influence of individual and social factors in the communicative aspects of the elderly and family. This makes it necessary to conduct the research from another point of view, which is the applied necessity of research. The research necessity is rooted in the fact that this research will help us identify the issues and problems of the elderly

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in the first stage, and expand the objective information in this area so that we could deviate the changing attitude of the society toward the elderly in order to change the looks toward the elderly. This way, geriatric will be assumed as a natural process of life and not anything else.

Secondly, with a coherent and academic study of this issue and referring the results to the welfare decision makers and officials of the country, we can take steps to improve the well-being and health of the elderly and improve their living status in the society and family. Naturally, the results will be health and well-being of the elderly in multiple aspects.

#### **The Research Questions**

- 1- Are individual factors (physical and mental well-being, and demographic characteristics) effective in the elderly and family ties from the family's point of view?
- 2- Are individual factors (physical and mental well-being, and demographic characteristics) effective in elderly and family ties from the geriatric family's point of view?
- 3- Are individual factors (physical and mental well-being, and demographic characteristics) effective in family and elderly ties from the experts' point of view?
- 4- Are social factors (social adjustment, social protection, and social stress) effective in family and elderly ties from the family's point of view?
- 5- Are social factors (social adjustment, social protection, and social stress) effective in family and elderly ties from geriatric's point of view?
- 6- Are social factors (social adjustment, social protection, social stress) effective in family and elderly ties from the experts' point of view?

#### **The Research Hypotheses**

- 1- There is a relationship between individual factors (physical well being, mental well-being, demographic characteristics) and the elderly and family ties.
- 2- There is a relationship between individual factors (physical well-being, mental well-being, demographic characteristics) and the elderly and family ties.
- 3- There is a relationship between the individual factors (physical well-being, mental well-being, demographic characteristics) and the elderly and family ties from the experts' point of view.
- 4- There is a relationship between social factors (social adjustment, social protection, social stress) and family and elderly ties from the family's point of view.
- 5- There is a relationship between social factors (social adjustment, social protection, social stress) and family and elderly ties from the elderly's point of view.
- 6- There is a relationship between social factors (social adjustment, social protection, social stress) and family and elderly ties from the experts' point of view.

#### **The Research Objectives**

The objectives of this research based on the literature were as followings:

- 1- Identifying and determining the influence of individual factors (physical well-being, mental well-being, demographic characteristics) on the elderly and family ties from family's point of view.
- 2- Identifying and determining the influence of individual factors (physical well-being, mental well-being, and demographic characteristics) on the elderly and family ties from the elderly's point of view.
- 3- Identifying and determining the influence of individual factors (physical well-being, mental well-being, demographic characteristics) on the elderly and family ties from the experts' point of view.
- 4- Identifying and determining the influence of social factors (social adjustment, social protection, and social stress) on family and elderly ties from the family's point of view.
- 5- Identifying and determining the influence of social factors (social adjustment, social protection, and social stress) on family and elderly ties from the elderly's point of view.
- 6- Identifying and determining the influence of social factors (social adjustment, social protection, and social stress) on family and elderly ties from the experts' point of view.

#### **The Statistical Population**

The statistical population of the present research included the elderly residing at homes or the geriatric centers of Tehran city. The population included 350 members selected by multistage cluster sampling

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method. The research questionnaires were distributed among them. To calculate the sample size, Cochran's limited sample size calculation method was used as follows. The sample size was 180 regarding the time and facilities limitations. It was gained through the following formula. In this research, the library method and questionnaire are also used.

#### **Method of Data Gathering**

180 of respondents (the elderly, families, and experts) were selected by multistage cluster method for the purpose of carrying out this research. Then, the substantive questionnaire (including the items related to the variable, mental well-being, physical well-being, social adjustment, social protection, social bond, and social stress) was used.

Due to the mental and physical status of the old people, the number of items was reduced to enable the old people to answer the questions. Long questions were avoided and or simpler items were used in the general health, physical and mental well-being questionnaire. In Bell Adjustment Questionnaire, questions were used to measure the social adjustment scale. Dok's social protection and social stress questionnaire including 12 short and clear questions was used. After distributing the questionnaires and providing explanations about the questionnaires, first the subjects entered the demographic information (including gender, education, age, and marital status) and then answered the questionnaire. The questionnaires were entered into SPSS and the necessary statistical analyses were performed on them according to research hypotheses.

#### **Data Analysis Method**

Pearson Correlation Coefficient and multi-variant regression were used to test hypotheses. Then the data were analyzed using SPSS 18.

The collected data were analyzed into two descriptive and inferential levels. In descriptive section, the statistical indexes such as frequency, frequency percentage, mean, median, variance, standard deviation, and skewness were used.

In the inferential section, we will use multivariate regression and Pearson correlation coefficient of independent t statistical models proportionate to the research hypotheses. It was used to compare the mean of different groups of elderly in different variables. Pearson correlation coefficient and multivariate regression were used because the research title was relational. The data were analyzed using SPSS 22.

#### **Means of Gathering Information**

When compiling the research literature and theoretical topics, data were gathered by library method through studying the texts, articles, books, magazines, and theses.

The data related to the studied variables was gathered and analyzed by field method and using substantive questionnaires.

The questionnaire study is different from opinion poll from psychological point of view because in the psychological study it is necessary to revise the theoretical hypotheses in the correlation tests that recommend these hypotheses.

These studies are hence more stable than the opinion polls.

In order to achieve reliability and validity of our substantive questionnaires, 40 of the old people aging above 60 years of Tehran residents answered the questions during a pretest (pilot). Then, the results of these tests were used by SPSS software and Cronbach's alpha statistical method in order to gain the reliability.

The reliability of the desired questionnaire was 0.72 which was acceptable statistically.

#### **Inferential Section**

The hypotheses were tested in this section. Multivariable regression and Pearson correlation statistical model were used to test the hypotheses. Results were presented as follows after analysis.

*Hypothesis 1:* There is a relationship between individual factors (physical health, mental health, demographic characteristics) on the elderly and family ties from the family's point of view.

Pearson correlation coefficient statistical model was used to test this hypothesis. Results were presented as follows after analysis.

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Link between Individual, psychological and demographic factors in elder-family connection were assessed from elders’ family’s perspectives using Pearson Coefficient as follows:

**Table 1: Pearson correlation table between individual factors and elderly ties from family's point of view**

Individual factors (physical health, mental health, demographic characteristics)	Elderly ties		P
	Correlation coefficient	0.369	
	Significance level	0.009	0.01
	Total number	49	

The results shown in the above table indicate the relationship between the elderly relation with individual factors (physical health, mental health, demographic characteristics) from the perspective of the family of old people. The obtained results showed that the relationship between the elderly relationship and individual factors (physical health, mental health, demographic characteristics) is positive. This means that the elderly relationship will improve with improvement in individual factors (physical health, mental health, demographic characteristics) and vice versa. This relationship is statistically significant because in the correlation coefficient of 0.369, the observed significance level 0.009 is smaller than 0.01. Therefore, our hypothesis regarding the significance of the relationship between the two variables is confirmed at confidence level 0.99 and percent of probability of error 0.1.

*Hypothesis 2:* There is a relationship between individual factors (physical health, mental health, demographic characteristics) and family and elderly relationship from the elderly's point of view.

To test this hypothesis, Pearson correlation coefficient statistical model was used and results were presented as follows after analysis.

Link between Individual, psychological and demographic factors in elder-family connection were assessed from elders’ perspectives using Pearson Coefficient as follows:

**Table 2: Table of Pearson correlation between individual factors and elderly relationship from the family's point of view**

Individual factors (physical health, mental health, demographic characteristics)	Elderly relationships		P
	Correlation coefficient	0.093	
	Significance level	0.338	0.05
	Total number	109	

This relationship is not statistically significant because the observed significance level 0.338 is greater than 0.05 at correlation coefficient of 0.093. Therefore, our hypothesis regarding the significance of the relationship between the two variables is not confirmed.

*Hypothesis 3:* There is a relationship between family and elderly relationships from the experts’ point of view concerning individual factors (physical health, mental health, demographic characteristics).

Pearson correlation coefficient was used to test this hypothesis. Results were presented as follows after analysis:

Link between Individual, psychological and demographic factors and elder-family connection was assessed from elders’ experts’ perspectives using Pearson Coefficient as follows:

**Table 3: Table of Pearson correlation between individual factors and elderly relationships from experts' point of view**

Individual factors (physical health, mental health, demographic characteristics)	Elderly relationships		P
	Correlation coefficient	0.179	
	Significance level	0.427	0.05
	Total number	22	

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This relationship is not statistically significant because the observed significance level 0.427 is greater than 0.05 in correlation coefficient 0.179. Therefore, our hypothesis concerning the significance of the relationship between the two variables is not confirmed.

*Hypothesis 4:* There is a relationship between social factors (physical health, mental health, demographic characteristics) and family and elderly relations from the family's point of view.

Pearson correlation coefficient statistical model was used to test this hypothesis and results were presented after analysis as follows:

Link between sociability, social support and social stress in elder-family connection was assessed from elders' family's perspectives using Pearson Coefficient as follows:

**Table 4: Table of Pearson correlation between individual factors and elderly relationship from the family's point of view**

Individual factors (physical health, mental health, demographic characteristics)	Elderly relationships		P
	Correlation coefficient	0.509	
Significance level	0.000	0.01	
Total number	49		

The obtained results in the above table show the relationship between elderly relations and social factors (social adjustment, social protection, social stress) from the elderly family's point of view. The obtained results show that the relationship between the elderly relationships and social factors (social adjustment, social protection, social stress) are positive. This means that with improvement of social factors (social adjustment, social protection, social stress), the elderly relationship will improve and vice versa.

This relationship is statistically significant because in correlation coefficient of 0.509, the observed significance 0.001 is smaller than 0.01. Therefore, our hypothesis regarding the significance of the relationship between the two variables is confirmed at confidence level 0.99 and the probability of error 0.01.

*Hypothesis 5:* There is a relationship between social factors (social adjustment, social protection, social stress) and family and elderly relationships from the elderly's point of view.

Pearson correlation coefficient statistical model was used to test this hypothesis. Results were presented after analysis as follows:

Link between sociability, social support and social stress in elder-family connection was assessed from elders' perspectives using Pearson Coefficient as follows:

**Table 5: Table of Pearson correlation between individual factors and elderly relationship from elderly's point of view**

(social adjustment, social protection, social stress)	Elderly relationships		P
	Correlation coefficient	0.245	
Significance level	0.010	0.01	
Total number	109		

The results obtained in the above table show the relationship between elderly relationships with social factors (social adjustment, social protection, social stress) from the elderly point of view. The obtained results show that the relationship between the elderly relations and social factors (social adjustment, social protection, social stress) is positive.

Namely, the elderly relationship will improve with improvement of social factors (social adjustment, social protection, social stress) and vice versa.

The degree of this relationship is statistically significant because the observed significance level 0.010 is smaller than 0.01 in correlation coefficient 0.245. Therefore, our hypothesis concerning significance of the relationship between the two variables is confirmed at confidence level 0.99 and the probability of error 0.1.

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*Hypothesis 6:* There is a relationship between social factors (social adjustment, social protection, social stress) and family and elderly relationship from the experts point of view. Pearson correlation coefficient was used to test this hypothesis and results were presented after analysis as follows:

Link between sociability, social support and social stress in elder-family connection was assessed from experts’ perspectives using Pearson Coefficient as follows:

**Table 6: Table of Pearson correlation between individual factors and elderly relationship from the family's point of view**

(social adjustment, social protection, social stress)	Elderly relationships		P
	Correlation coefficient	0.407	
	Significance level	0.060	0.05
	Total number	22	

This relationship is not statistically significant because in the correlation coefficient of 0.407, the observed significance level 0.060 was greater than 0.05. Therefore, our hypothesis concerning the significance of the relationship between the two variables is not confirmed. Advanced Analysis: in this section, we studied the influence of the factors related to mental health, physical health, social adjustment, social protection, and social stress on social tie. For statistical testing of these variables, multivariate regression statistical model was used and results were presented after analysis as follows:

Studying the multiple relationship between physical health, mental well-being, social adjustment, social protection, and social stress and social relationship in the elderly from the elderly's point of view.

**Table 7: Multiple correlation coefficients of physical health, mental well-being, social adjustment, social protection, social stress and social relationship of elderly from the elderly's point of view by Enter Method**

Statistical indexes	Multiple correlation	Determining coefficient RS	Ratio F Probability P	Regression coefficient
Standard variable	Predicting variable			
	Physical health			0.090 =B 0.733 =t 0.465 =P
	Mental health	0.91	0.301	f=2.05 =0.078p 0.017 =B 0.136 =t 0.89 =P
Social relationship	Social adjustment			0.028- =B 0.239 =t 0.812 =P
	Social protection			0.212 =B 2.16 =t 0.033 =P
	Social stress			0.098 =B 2.26 =t 0.026 =P

In this section, we tested the hypotheses by multivariate regression advanced model. Here, the variables physical health, mental well-being, social adjustment, social protection, and social stress were conceptualized as predictive variable, and social relationship as the standard variable.

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The results indicated that since the determination coefficient shows the prediction rate and the changes in standard variable by predictive variables, it could be said that 0.301% of changes in standard variable are explained by predictive variables.

Studying the significance and predictive value of predicting variables shows that among predictive variables, social protection (0.95%) can predict 0.212% of changes in standard variable (social bond). Social stress (as predictive variable) can predict 0.098% of changes in standard variable (social bond) at confidence level 0.95. Regarding other variables for predicting physical health, mental well-being, and social adjustment, it could be stated that none of these variables could significantly predict the changes in standard variables.

Study of the multiple relationships of physical health, mental well-being, social adjustment, social protection, and social stress with social bond in the elderly from family's point of view.

**Table 2: Multiple Correlation Coefficients of Physical Health, Mental Well-being, Social Adjustment, Social Protection, and Social Stress with Social Bond in the Elderly from Family Point of View by Enter Method**

Statistical indexes	Multiple correlation	Determining coefficient RS	Ratio F	Regression coefficient (B)
Standard variable	Predicting variable	MR	Probability P	
Social relationship	Physical health			0.125 =B 0.733 =t 0.467 =P
	Mental health	0.337	0.580	F=4.36 =0.003 P
	Social adjustment			0.349 =B 2.14 =t 0.038 =P
	Social protection			0.205 =B 1.32 =t 0.192 =P
	Social stress			0.300 =B 2.24 =t 0.030 =P

The obtained results from the viewpoint of family members show that since determination coefficient shows the prediction rate and the changes in standard variable through predictive variables, it could be said that here 0.508% of changes in standard variable are explained by predictive variables. But study of significance and prediction of predictive variables separately indicates that from the predictive variables, social protection (0.95%) can predict 0.300% of changes in standard variable (social bond). Social stress (as predictive variable) can predict 0.275% of changes in standard variable (social bond) at confidence level 0.95%. Mental well-being predictive variable can predict 0.349% of changes in standard variable (the elderly bond) at confidence level 0.95%. About other variables of physical health and social adjustment variables, no variable could significantly predict the changes in standard variables.

**Discussion and Conclusion**

The findings of this research are consistent with the studies where the WHO provided a comprehensive definition of life quality. The definition says life quality means the individuals' perception of life status in the form of culture and values dominating the community and in line with the objectives, standards and interests of people. In his definition, Fasino (.....) states that today, the quality of life is regarded a basic indicator. Whereas the quality of life has numerous aspects such as physiological, function, and existence of the individual, therefore; it is very important to heed to it and consider these aspects for a proper

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assessment. Based on these comprehensive definitions, the quality of life is closely related with physical and mental health, personal beliefs, self-efficacy, social bonds, and the environment. Perhaps, one of the reasons of consistency of this research with other studies could be the rapid transmission of information, views, opinions, and even legislation of various societies, which leave equal consequences on various communities and their individuals. For example, when the retirement age is defined 60 among all communities, a sense of inefficiency and separation from society emerges in all retired individuals. Studies have enumerated many factors as effective in the quality of life of the elderly.

Gallegos (2009) stated the environmental and social conditions as the effective factors in the satisfaction of the elderly and the favorable quality of life. He regarded loneliness as an effective factor in its decrease (Scozata, 2006) mentioned inactivity mental disorders and (Invai, 2007) inappropriate socioeconomic status and lack of required protections as the causes of reduction of the quality of life of the elderly.

In the study of Dimaeto (1999), remarkable changes were observed in the loneliness level of the elderly residing at the Korean and Japanese Elderly homes. The Korean elderly felt more loneliness. This was attributed to the negative attitude of Korean people toward life in the Elderly home. Instead, the Japanese people had a positive attitude to this issue and had a better life in the Elderly home than their own home. The Korean elderly had more depression symptoms than their Japanese mates.

In Iran, Alipour (2002) showed that the elderly who lived in the elderly home apart from their family felt more loneliness than the old people who lived with their families.

Motamedi (2005) showed that the old people who lived with their families felt more satisfaction compared to the old people residing at the Elderly home because of rich social networks and preserving social bonds. Zanjanieh (2009) studied the relationship between social networks and social adjustment in the elderly. Afroz points out that social networks are regarded as social capital of the elderly and as their protection sources. The protections from networks, social communications of the elderly and participation in the network activities were measured as the foundation of social adjustment of the elderly in this research. The obtained results showed the relationship between the variables of social networks protection, social participation of the elderly in networks, the elderly relationships with the network member and their adjustment.

Dobovar (1991) performed a research titled the influence of social network and social protection on death toll on 621 old men. Sample population was selected from the men residing in Europe in 1914. Five hundred men were interviewed in 1982 and the dimensions of their social networks and social protection were studied. Results indicated that in the single-variable analysis, death toll was observed more in men with lower social protection and lower ability in social participation and who lived lonely. This research found similar results as other studies. In some cases such as satisfaction and dissatisfaction of Japanese and Korean elderly with living in the Elderly home or other cases, the tribal, cultural, and climatic differences can be taken into account.

As some diseases in some societies have more or less outbreak, there could be differences regarding ability and cognitive functions and other variables. These tend to change the results from one community to another. As the human life has substantially changed during the past decades, it can be predicted that within a growth period such as geriatric, life can undergo changes according to various social and individual effects from one community to the other. These changes can be a turning point for the cause and effect process of the behavior in various societies. The food regiments of various people may lead to specific consequences in medical and health areas. The type of culture and contemplations of people could cause different results in different cultures.

### **Limitations**

- Little work has been performed on geriatric. Therefore, there are limited sources and books on geriatric and hardly accessible. This problem was overcome by referring to the libraries of various faculties and using books and dissertations.
- It was difficult to access to the old people to fill out the questionnaires.
- Questionnaire was vague and meaningless for some old people. They could not answer the questions properly. Hence, it was necessary to read and explain the questions to them. This was time consuming.

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- Some old people did not cooperate for various reasons such as old age and impatience.
- Since it was necessary that old people fill out the questionnaires in order to gather information, this was done slowly regarding the limited strength of the elderly and the illiteracy of some of them.

### **Recommendations**

The following recommendations are provided in this research following other researches:

- a) Through cultural foundations, the attitude of society toward the elderly could be changed as a developmental stage not as a finish line and end line.
- b) By cognitive teaching and reconstruction of the elderly, they can be assisted for more adjustment with the surrounding people.
- c) By strengthening the protective role of society and family, attempts should be made to create a sense of security and peace in the elderly.
- d) By preserving the position and prestige of the elderly in family as an important source of valuable experiences and respecting the abilities of young people, the communication between these two generations can be strengthened for their use and reduction of the gaps among generations.
- e) Identifying the values of every developmental stage and their weaknesses in the peoples' minds will enhance the individuals' capacity to accept the conditions.
- f) Stress and anxiety control techniques can be effective in preserving physical and mental health and enhance the ability of old people. This will be more useful through local and accessible teams of old people.
- g) Attention of families to the geriatric characteristics and their better understanding can assist them create deeper and healthier bonds and strengthen the feeling of value in family members.

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