



The Role of Social-Economic Class and Activity on the Social Health of Older Adult People Living at Home and Living in Nursing Home

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Abstract

Introduction: Several studies indicate that with increasing age, psychological and social disorders increase. Therefore, considering the importance of providing appropriate psychological, medical and social services to the older Adults. The purpose of this study was to investigate the role of social-economic class and activity on the social health of older adult people living at home and living in nursing home.

Method: The current study is descriptive research. Statistical population of this study is people over 60 years old in Tehran. 90 of them were older adult people living at home and 90 people living in nursing homes. They selected by cluster sampling. Data collection tools included Keyes social health questionnaire (SH), Activities of daily living (ADL), and Socio-Economic Status Questionnaire (SES). Data were analyzed by using variance, correlation and regression analysis.

Results: The results showed that there is a significant relationship between socio-economic status and social health of the older adults living in the nursing home but there is not significant relationship between social-economic status and social health in the older adults living in the home. Also, there is a significant relationship between activity and social health of the older adults living in the nursing home but there is not significant relationship between activity and social health in the older adults living in the home.

Conclusion: Therefore, it is suggested that creating appropriate grounds for the activity of the older adults and improving their socio-economic status. It can improve the social health of the older adults.

Keywords: Activity; Nursing home; Older adults; Socio-Economic status, Social health

Introduction

The world's older adults are growing. As people age, they are more likely to develop chronic diseases Stanhope & Lancaster [1]. The problem of the older adults in societies has raised a serious issue, especially in recent years. While some believe that most of the problems of the older adults are the result of the loss of normal brain function, loss of confidence, social connection, job responsibilities and even family or family members are the most important factors Keyes [2] The expansion of urbanization and mechanized living, which requires new ways of living, have had an adverse effect on health, especially human health, and have identified other dimensions in relation to health. Two of these dimensions are mental and social health. Larsson and Keyes have provided a conceptual and theoretical framework for social health with a health-based approach. Larsson defines social health as an

assessment of one's quality of relationships with others (relatives and social groups) of which he or she is a member and believes that the social health scale measures part of one's health and includes one's internal responses (feelings, thinking, and behavior). Which indicates the satisfaction or lack of satisfaction with one's life and social environment. In fact, Keyes's multifaceted model of social health consists of social cohesion, social acceptance, social participation, social conformity, and social prosperity Keyes [2]. Social and economic classes that represent the different economic and social levels of the family in a society refer to a segment of society that differs from other segments of the community because of shared values, certain social status, wealth and wealth Rohm [3].

Aging social theories predict a decrease in social relationships and a decrease in activity in old age, and thus, highlight the role of

each of these variables in the mental and social health of the older adults. One of these theories is the theory of withdrawal. According to the theory of retirement, when the older adults interact less, reduce their activity level, and become more involved in their inner world, at the same time society frees the older adults from work and family responsibilities; this poses a threat to their mental health and social health he does. Theory of activity considers social barriers to social integration as a way of reducing interaction and thus endangering the older adult mental and social health. When the older adults lose their roles (for example through retirement or widowhood), they are prone to psychological problems. Also, Rohm [3] research findings have shown that an increase in the unemployment rate is positively correlated with mental illness, and a large number of studies confirm the negative effect of unemployment on suicide, depression, and physical conditions and substance abuse. So, the question is whether the socioeconomic

status and activities of the older adults contribute to their social health?

Method

This study was a descriptive-causal-comparative study. The statistical population of the study consisted of all older adult people over 60year old living at home and in sanatoriums in Tehran. The sample size was 180 older adults (90 older adults and 90 older adults) who were selected through cluster sampling from available community. Inclusion criteria included willingness to cooperate in research, ability to read and write, lack of acute physical and psychiatric illness, and no addiction. Social health status was assessed by Keyes social health questionnaire. Older adult activity was measured by the ADL. The socio-economic status of the older adults was assessed through the SES questionnaire. Correlation, regression and analysis of variance were used for data analysis.

Results

(Tables 1 & 2)

Table 1: Summary of Regression Model Relationship between Socioeconomic Status Variables and Older adult People's Activity with their Social Health.

Model	R	R ²	R ² Corrected	Standard prediction error
1	.162	.026	-.005	9.06040

Table 2: Analysis of variance of the relationship between socioeconomic status variables and activity of older adult people with their social health.

Model	SS	DF	MS	F	Significant coefficient	
1	Regression	137.750	2	68.875	.839	.437
	rest	5089.635	87	82.091		
	total	5227.385	89			

According to the above tables, there is no significant relationship between socioeconomic status of the older adults and their social health. Also, there is no significant relationship between

the activity status of the older adults living at home and their social health (Tables 3-5).

Table 3: Summary of Regression Model Relationship between Socioeconomic Status Variables and Older adults Residents' Activity with their Social Health.

Model	R	R ²	R ² Corrected	Standard prediction error
1	.463	.214	.181	9.68999

Table 4: Analysis of variance of regression model of relationship between socioeconomic status variables and nursing home residents' activities with their social health.

Model	SS	DF	MS	F	Significance coefficient	
1	Regression rest total	1204.515	2	602.257	6.414	.003
		5617.620	89			

Table 5: Table of Coefficients of Regression Model Relationship between Socioeconomic Status Variables and Older adults Residents' Activity with their Social Health.

Model	B	Not standardized coefficient		Standard coefficient	T	Significance coefficient
		Standard error	Beta			
1	Fixed	41.360	4.938		8.376	.000
	Socioeconomic status of the Older adults living in the nursing home	1.061	.529	.266	2.006	.051
	Activity status of the Older adults living in the nursing home	.397	.161	.326	2.466	.017

Discussion

The results showed that there was no significant relationship between socioeconomic status of older adult people with their social health. Given that a large percentage of the sample lived alone and independently, they were still in close contact with the community, indicating a good level of social health Conger [4].

The results show that there is insufficient evidence for a significant relationship between the activity status of the older adult living at home and their social health. Older adult people at home had low independence in their daily activities, but given that they lived with their children, there was a significant level of social health in their relationships with their community, relatives, and relatives.

Based on the results, there was a significant positive relationship between socioeconomic status and social health of the older adults living in the nursing home, meaning that as the socioeconomic status improved, the social health of the older adults also increased. Improving the socio-economic status of the older adults living in nursing homes can affect their social health and improve the components of social health including social cohesion, social cohesion, social acceptance, and ultimately social self-actualization. An older adult person who has a good economic and social standing (both economically and in terms of family and friends support) can have greater cohesion and acceptance in the community and thus improve their social health. An older adult person who is in good financial standing can attend care centers that have better facilities and better conditions and gain more respect and participation in receiving services King [5].

Based on the results, there was a positive and significant relationship between activity status and social health of the older

adults living in nursing home. With increased independence and greater activity, social health among older adult people living in the nursing home also increases.

In fact, if the level of activity and independence of the older adults living in the nursing home increases, that is, helping the older adults to perform at least their personal work without the presence and support of others or at least with the help of a nurse, etc., social participation and increase the social respect created by a sense of independence, and self-esteem, by feeling that they have helped those around them through their daily activities, and thus it has a positive impact on social acceptance and ultimately on their social health.

Acknowledgement

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Conflict of Interest

No conflict of interest.

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