



CONCERNS OF IRANIAN ELDERLIES: A QUALITATIVE STUDY

¹Fariba Tabari, ^{*,2} Morteza Khaghanizade, ³Nahid Dehghan Nayeri and ⁴Soheil Najafi Mehri

¹Department of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran

²Behavioral Sciences Research Center, Baqiyatallah University of Medical sciences, Tehran, Iran

³Nursing and Midwifery Care Research Center, School of Nursing and Midwifery,
Tehran University of Medical Sciences, Tehran, Iran

⁴Department of Nursing, Baqiyatallah University of Medical Sciences, Tehran, Iran

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ABSTRACT

Introduction: One of the challenges of the elderly population is the increasing number of elderly people. Over time, elder lies face problems in social relationships. The lack of social interaction and isolation may influence the quality of life of elder lies. The purpose of this study is to identify these concerns of Iranian elder lies by a qualitative approach.

Methods: This study is a qualitative research based on a qualitative content analysis in the form of contractual approach. Data is collected by in-depth semi-structured interviews face to face with elder lies living in Tehran. The interviews are digitally recorded and transferred to MAXQDA. For data analysis, qualitative content analysis is used in the form of contractual approach.

Results: Data analysis shows concerns of the participants in two themes: human dignity and self-care. These themes are extracted from basic propositions and semantic classifications under the main classes. The subcategories of the themes show concerns of the elder lies.

Conclusions: The results on the concerns of the elderly, the need to explain two important phenomena in old age: one of them "elderly dignity" and other "self-care" program. Maintaining the dignity of elder lies is the duty of all members of society, including the families and health givers.

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INTRODUCTION

Transition from youth to senility is a slow process in which the changes are invisible. Aging is a natural process associated with a gradual decline in the function of most organs to the end of the life (Smeltzer *et al.*, 2010). Currently, one of the challenges of the societies is increasing number of elder lies, due to factors such as decreased mortality, declined population growth and increased life expectancy (Craven, 2013). According to the latest evaluation conducted by the UN Population Division, aging process will grow quickly in developing countries (such as Iran, Saudi Arabia, Kuwait and China) by 2050, increasing the number of elder lies from current 739 million to two billion in 2050 (Economic, 2005). In the 21st century, lifetime challenges all social aspects to maximize health and functional capacity, social participation and security of elder lies (*World Health Organization*) Accordingly, evidence suggests that population of the world, particularly Asia, is aging (In *United Nations Population Division*, 2008).

*Corresponding author: Morteza Khaghanizade
Behavioral Sciences Research Center, Baqiyatallah University of Medical sciences, Tehran, Iran.

Considering the threshold of ageing and age composition, it is required to understand elder lies and problems of aging phenomenon in order to protect their mental health in different societies, including Iran. Over time, elder lies face problems in social relationships, which may have negative mental and psychological outcomes, including disrespect from youth and other social groups, lost independence, reduced self-esteem due to psychological and biological causes (Zahedi, 2007). Human is social in nature; having relationships with other people is one of his critical needs. Therefore, positive life experiences not only improve the health and functional capacity of elder lies, but also contribute to participation and social security. On the other hand, the lack of social interaction and isolation may affect the quality of life elder lies (Roe, 2014). Physical and psychological changes in elder lies can cause concerns for them. Aware of that, care program scan be designed and implemented to alleviate their concerns. Considering the social and cultural context of a society, elder lies face their own concerns and problems. Thus, the purpose of this study is to identify the concerns of elder lies in the Iranian society by a qualitative approach, which can provide diverse data (Hsieh; Shannon, 2005).

MATERIALS AND METHODS

This study was a qualitative research based on qualitative content analysis in the form of contractual approach. Content analysis is used to determine the presence of certain words or concepts within texts or sets of texts. Researchers quantify and analyze the presence, meanings and relationships of these words and concepts; then, they make inferences about the messages within the texts, the writer(s), the audience, and even the culture and time. The participants included elder lies who lived in Tehran, Iran. The inclusion criteria included the ability to express feelings shamelessly, no cognitive problems, no history of mental conditions, age above 65 years, and the ability to speak Persian. Purposive sampling was used in this study. In this method, sampling was based on inclusion criteria and gradually continued until data saturated. Data was collected by in-depth semi-structured interviews. Informed consent was received from elder lies. Elder lies were interviewed individually and face to face. Interviews began by a general and open-response question, for example, "Would you please express experiences and events which concern you in everyday life?". Based on their responses to the original question, exploratory questions were used to discover the deeper layers of their minds for expression of events and experiences, for example, "Please explain.", "What do you mean?", "Please explain." and "How?". Interviews were conducted in one or two sessions each lasting 45 to 90 minutes. The interviews were digitally recorded and written immediately after the completion. During interviews, nonverbal messages of participants including the tone, silence and crying were also recorded. Written texts were prepared in the form of files for data analysis software (MAXQDA). Qualitative content analysis in the form of contractual approach was used to analyze data obtained from interviews. This approach is used to describe a phenomenon. In this approach, researchers avoid predefined classes. Instead, they allow classes and their names be extracted from the data. For data analysis, each interview was coded and analyzed before the next interview. Simultaneously with data collection, relevant meaningful statements were coded.

After the initial coding phase, data was organized, so that, similar codes were classified and summarized in certain classes. Finally, the classes were reviewed several times; similar classes were merged together. Themes were obtained by putting the classes together in generalizable statements. In other words, data was summarized in a more abstract level. In order to confirm data, four criteria were used, including credibility, conformability, dependability and transferability (Matiti; Matiti, (2008)). For this purpose, different methods including allocation of sufficient time for data collection, good communication with participants and interview in locations selected by participants were used to increase acceptability and validity of data. For content validity, the written texts and extracted codes were reviewed by participants and colleagues. Their views were discussed and summarized in joint sessions.

Ethical Considerations

This study is a part of a doctoral dissertation which has been approved by the ethics committee of the Baqiyatallah University of medical sciences. Before data collection, objectives were explained to the participants whom consents were received for recording interviews. Privacy and freedom to participate in the research and confidentiality were also taken into consideration.

RESULTS

According to data analysis, concerns of participants are in two main themes: human dignity and self-care. These themes were extracted from initial classification of semantic statements and classification of subclasses to main classes. Subclasses of these themes show the quality of the concerns. Main classes, subclasses and semantic statements are shown in Table 1.

A) Human dignity: Elder lies are concerned about losing their dignity by family members, friends, relatives and society as they feel an intense need to have intimate relationships, empathy and respect. Being loved, understood by family and respected for their opinions are their main concerns. The concerns of elder lies based on this theme can be divided into

Table 1. Classes and sub-classes of the main themes of concerns among Iranian elderlies

Semantic propositions	Sub-classes	The main classes	Themes
Kindness and openness of family and relatives, respected by family members, being with family, respected by neighbors, respected by the community, listening to a talk by Elder, being loved, being understood by family, respect for the opinions of older,	Kindness and Compassion Living with the family Respect Genuinely care Empathy	Need to have interaction	Dignity of order
Inability to provide for living expenses, the inability to meet the financial needs of children, failure to give to family members, Having a financially dependent family members, loss of job, family and relatives harassing, burdensome lack of privat housing,	Financial ability Autonomy Independent Living	Loss of Independence	
Traveling, Creating peace through prayer, A light feel when communicating with God, Feeling of joy when you make other shappy, Love to others, Illness of family members,	Leisure and entertainment Intellectual spirit Family friendly atmosphere Effectiveness Family Health	Needed to soothe the soul	
Numerous diseases, Severe and chronicpain in muscles and bones, Dependence on drugs,	Proneto getting sick Chronic disease C continuous use of the drug	Disruption in the continuity of health	Self-Care
Forgetting the names of acquaintances, Lostalong the way, Reduced ability to perform live Sections, Physically dependent family members, Inability to carry personal items	Reducing the power of the senses Reducing the physical energy	Physical weakness	
Weakness and fatigue in walking, loss of vision and hearing	Memory loss Loss of consciousness	Amnesia	

three subclasses including the need for interaction, lost independence and the need for mental relaxation.

A1) The need for interaction: According to the findings, to keep interaction with others requires kindness and love of others, living with family, respect, sincere care and empathy. These lead to human dignity and reduce concerns of elderlies. In relation to kindness and love of family members which reduced his concerns and caused happiness, a 74-years old man said:

My hair is white and I have a lot of experience. I know who really loves me .For example, my children; although they do not come and visit me as the way I like, but they love me. They help when I am in trouble. When I'm sick, they take me to doctor, they take care of me. The settings make me happy (Participant NO. 11).

In relation to respect for elder lies, a73-years old woman said:

Children should respect parents. They have to respect parents. There is nothing better than this. So as grand children; I have 8grandchildren. One of them is a PhD student of architecture. He loves me as much as he loved me in childhood. He respects me, as my children respect me (Participant NO. 10).

In relation to the social respect, a67-years old woman said:

There were times that I was standing in the bus, but nobody has offered me his chair. This is also true when I go shopping. The seller understands that I am old, but he does not respond quickly. In the bank, there is no special counter for elderlies (Participant NO.12).

In relation to empathy, A65years old man said that:

Now that I am old, I like to talk when people come around. I like them to listen to me; if not, I feel disrespected. Elderlies like to talk. It is important to listen to them. Youth has forgotten to listen. They only have to listen (Participants No.9).

A2) Lost independence: Participants of this study were very concerned with the loss of their independence. They believed that financial strength, autonomy which depends on financial independence and independent life could maintain independence. In this regard, a 74-years old participant who felt inferiority due to the inability to provide for his life said that:

My wife always complains about financial shortages. We do not have so much. She says it is my fault; she says man should provide for his family (Participant No. 11).

An 80-years old widow said:

I have been living with my younger daughterfor10years. I lived alone for a while, but I could not afford it. I lived with my son for a while, but my daughter took me in. I wished I could be independent, not living with my son-in-law. This leads to disrespect. Here, living is hard for me. I am worried about future (Participant No. 8).

A3) Need for mental relaxation: One of the strong estimations to which elder lies referred was the need for mental relaxation. They believed that entertainment, spirituality, closed family members, effectiveness and health of family members are essential to reduce concerns and maintain mental relaxation:

A 67-years old woman said:

When I travel, I feel relaxed. I love travelling, especially in this age (Participant No. 8).

A 75-years old participant said:

Going to landscapes, especially in autumn and spring, has a good effect on me. I enjoy fresh air. The smell of grass in the rain is relaxing (Participant NO. 5).

A 76 years old man said:

My wife's death ruined my peace. I loved my wife and I took care of her to the last days. After she died, I feel loneliness (Participant NO.12).

B) Self-care: According to findings, one of the most important concerns of elderlies is their ability for self-care. According to them, this ability requires mental and physical health. This theme is reflected in three subclasses: discontinued health, physical weakness and forgetfulness.

B1) Discontinued health: Participants stated that they are concerned with susceptibility to various diseases, the risk of chronic diseases and continuous use of medication in this age which caused is continued health and reduced self-care.

A 70-years old man said:

As I got older, I got involved with various diseases such as eye disease, heart disease, bone disease, bone pain, leg and back pain which are the worst. I cannot walk. This makes me concerned (Participant NO. 12).

I am old, and I suffer osteoporosis and diabetes (Participant NO. 6).

A 67 years old woman said:

I use calcium and sedative drugs. Sometimes I get stomach ache, sometimes I forget. I think I am addicted to these drugs. I am worried that I cannot live without these drugs (Participant NO. 2).

B2) physical weakness: Based on findings, reduced power of five senses and reduced physical power cause concerns about self-care.

A man said:

Some people do not understand that elderlies may have problems in hearing. Sometimes, I do not understand when a car horns behind me; the driver shouts, 'are you deaf? Are you blind?' He does not understand that I do not hear. Or, when I

ask the price of something several times, the seller says: 'how many times I have to say?' This bothers me (Participant N0.7).

A 78 years old woman said:

My physical capability is less than that when I was young; this bothers me. Now, my knee is affected by arthritis. I'm trying to keep up. I exercise, I jog. I take pain killers for pains, but I do not tell anyone. I became weak and I know it (Participant N0.13).

B3) forgetfulness: Participants were also worried about memory loss and impaired consciousness due to aging which will affect self-care.

A 73 years old woman said:

I'm thankful to God. I'm still conscious, although I forget the names sometimes. For example, I forget the names of neighbors sometimes; I forget the names of streets. I wonder if I am developing Alzheimer. If I do, what would happen to me? I'm worried (Participant N0.3).

DISCUSSION

In this study, the concerns of elder lies were derived in two main themes: human dignity and self-care. Review of the literature suggests that the major factors causing concerns and reduced quality of life of elder lies are reduced ability for self-care and under mined dignity (Dale *et al.*, 2012) and Franklin *et al.*, 2007). Concerns about under mined dignity indicates the importance of this concept for elder lies, because they find their dignity in interaction, independence and relaxation. According to the Holly Qur'an, God has created creatures of the world for human and has commanded the angels to bow down in front of human. This implies that human has an intrinsic dignity (Sadegh-Poor, 2007). Chan and Pang assert that dignity of elder lies involves their independence, respect, family relationships and social-cultural factors (Chan; Pang, 2007). In addition, perception of dignity by health care providers in hospitals has been considered as the main value of improved health care for elder lies (Lin *et al.*, 2011).

A phenomenological study on the experience of life with dignity for Chinese elder lies living in private nursing homes in Hong Kong examined five basic themes: inherent dignity, dignity-combined views, efforts for dignity protection, dignity-combined care, and dignity-combined life. In addition, human dignity involves past, self-perception, current strengths and interests of elder lies. Lack of resources, including human resources, space, in sufficient care and limited privacy are factors which need to be considered for dignity of elder lies (Tiu, 2010). Anderberg (2010) studied the experiences of elder lies to receive care in nursing homes; he stressed on demands and dignity of elder lies when providing them with health care (Anderberg; Berglund (2010)). Babaei (2007) stated that family members clearly play the most important role in protection and care of elder lies (Babaei, 2007). Consistent with this study, Algilani *et al.* (2014) examined the concept of optimal performance in elder lies and showed that they require to experience a life in a conducive environment along with

understanding and loving relationships with others (Algilani *et al.*, 2014). Examining the factors related to positive effects on providing care for elder lies and relatives, Lopez *et al.* (2005) concluded that family members can be founder of emotional relationships with elder lies, so that the central role of family in providing care for elderlies is associated with promoted health of elder lies (López *et al.*, 2005). Grimmett *et al.* (2009) found a positive relationship between physical activity and quality of life of elderlies (Grimmett *et al.*, 2009). According to Maghsoodnia (2006): aging changes are associated with health problems and reduced level of activities; so that, its negative effect on independence increases the need for help, which in turn can reduce the quality of life of elder lies (Maghsoodnia, 2006). Elder lies are also concerned with financial in security which leads to dependence on others (Borg, 2006). According to Shankar *et al.* (2010), pray or reading the Holly Book has positive effects on mental health and physical health through effects on physiologic processes. Moreover, membership in religious committees has positive effects on the health of elder lies by increasing supports (Shankar *et al.*, (2010)).

Another major concern of elder lies is discontinued health, physical weakness and forgetfulness which may cause lost ability for self-care. Consistent with this study, Hall *et al.* (2009) conducted a qualitative study on life and death with dignity in elder lies living in nursing homes. The main findings of this study included disease-related concerns, social aspects of the experience of illness and the preservation of dignity. Some elder lies related the signs of their lost functioning to age; they also experienced anxiety resulting from various losses (Hall *et al.*, 2009). The results of this study are also consistent with Hassani *et al.* (2011) who evaluated the factors associated with quality of life of elder lies living in nursing homes of Tehran. The results showed that aging and reduced physical ability significantly lowered the quality of life of elder lies (Hasani *et al.*, 2011).

According to Maghsoodnia (2006), aging causes impaired physical performance which causes concerns and depression in elder lies (Maghsoodnia, 2006). Evaluating the depression training programs for caregivers, Mellor (2008) noted that aging causes dysfunctions in the body, particularly limitations in movements; therefore, elder lies become more dependent on others for daily activities. These factors can considerably affect quality of life (Mellor *et al.*, 2008). Smeltzer *et al.* (2010) also stated that aging, disabilities and various diseases influence life, so that 20% of elder lies suffer from various physical and mental disorders. Despite increasing advancements in medical sciences, final years of life are associated with disease and disability (Smeltzer *et al.*, 2010). In the present study, the prevalence of symptoms of cognitive disorders increases by aging, which is consistent with other studies (Paúl *et al.*, 2010) and Kim *et al.*, (2012)). The psychiatric disorders associated with aging include cognitive disorders, such as dementia, delirium and amnesia disorders (Sadock *et al.*, 2007). In cognitive disorders, attention, memory, language, orientation, actions, functions, judgment and problem solving skills be comedy's functional, which results from damaged memory (Torpy *et al.*, 2010). Memory disorders in elder lies can impair social and interpersonal interactions, which leads to lone lines and depression (Hsieh; Wang, 2003).

Conclusion

Physical and psychological problems are associated with a number of concerns for elder lies; these concerns can affect the quality of health care's. The results of this study on concerns of elder lies explain two important phenomena: human dignity and self-care. Based on results of this study, all members of the society, including families and caregivers, are responsible to respect dignity of elder lies. To achieve this, it is required to mobilize all social and cultural facilities of the society to alleviate this major concern of elder lies. Therefore, health care programs and quality of relationships with elder lies should reduce the concern son threats to their dignity and improve their ability for self-care. Comprehensive planning and proper health care programs are required for reducing physical and psychological problems of elder lies and improving their health in order to reduce their concerns.

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