

**ORIGINAL RESEARCH****Comparison of death anxiety, self-concept and attitudes to old age in the elderly living on their own, residing in nursing homes full-time or part-time, or living with extended families in Kermanshah, Iran**

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**Abstract**

**Background and Objective:** Old age is an important period of life, and paying attention to the issues and needs of this course is a social necessity. Therefore, the present study aimed to compare death anxiety, self-concept and attitudes to old age in the elderly living on their own, residing in nursing homes full-time or part-time, or living with extended families in Kermanshah, Iran.

**Materials and Methods:** In this descriptive and causal-comparative study, the statistical population consisted of the elderly living on their own, residing in nursing homes full-time or part-time, or living with extended families in Kermanshah, Iran over 2016-2017. A total of 304 subjects were selected through random sampling and convenience sampling. As for data collection, three questionnaires were employed: Templer's Death Anxiety Scale (1970), Beck's Self-concept Inventory (1990), and Kogan's Attitudes toward Older People Scale (KAOPS) (1961).

**Results:** The mean scores of just death and general factor of the variable of death anxiety and the mean scores of negative and positive attitudes of the elderly residing in nursing homes full-time were lower than those of other groups. In addition, the mean score of self-concept of the elderly living on their own was higher than those of other groups.

**Discussion and Conclusion:** The levels of death anxiety and attitudes towards old age in the elderly residing in nursing homes were lower than those in other groups. It was also concluded that the level of self-concept of the elderly living on their own was higher than those of other groups.

**Keywords:** Death anxiety, Self-concept, Attitudes towards old age, Elderly.

## Introduction

Old age is a very important period of life that usually begins at the age of 60, with changes in the shape and function of the internal and external organs of the body (1). More to the point, the elderly face a set of physical, psychological and social deprivations during their lifetime. Moreover, the nutritional condition of the elderly can be affected by the aging of physical and psychological factors such as taste and olfactory changes, drinking and ingestion problems, chronic diseases, use of drugs, and mental, and psychological conditions (2). Along with these issues, the place where the elderly live is a major aspect of their mental health. Their few occasions for social communication lead to losing social support, less participation in society (3) and losing independence, thereby having profound effects on their identity (4). The elderly are more exposed to various stressors and pressures and are faced with problems such as physical changes, vulnerability to diseases, disabilities and the loss of relatives and friends (mourning and loss), which cause them to ponder over death and the resultant anxiety (5). Therefore, given the growing number of elderly people on the one hand, and the variety of observed stressors, especially the death anxiety in the elderly on the other hand, paying attention to the issue of death anxiety during old age is one of the necessities of the present time. (6). Another concept that is of the essence in this period is the attitudes towards old age. Attitude denotes one's assessment, feeling and pleasant or unpleasant desire for an idea or object (7). The elderly are faced with disabilities, and one of the dimensions of this disability is social pressures. Many people consider the elderly disabled. In addition, old age is a unique process and experience that is not regarded as a state and condition. Therefore, one's attitudes towards the aging process may affect one's quality of life in subsequent years as well as their long-term health consequences (8). Attitudes towards old age and its experience by the elderly can provide us with deeper understanding of the phenomenon of old age and the problems and needs of the elderly (9). Further, cognitive errors and negative attitudes towards oneself, the world and the future are some of the widespread problems of the elderly, which leads to the loss of efficiency and growing mortalities (10). Some of the recommendations of Pan American Health

Organization for solving the problems of the elderly are improving their attitudes towards health and environment, and conducting research projects about old age, raising awareness, changing attitudes, and ultimately improving the performance and well-being of the elderly (11).

One of the psychological characteristics that is strongly influenced by the aging process and can be greatly reduced is self-concept (12). The elderly's self-concept denotes one's perception of themselves and attitudes towards their personality and psychological aspects. To put it bluntly, self-concept means what one thinks about oneself. In fact, self-concept is an integral part of people, which is formed based on the individual's being. It is believed that self-concept regulates one's behavior and activities (13). Moreover, self-concept is regarded as a principle in mental health (14). People with low self-concept feel ineffective and worthless, do not consider themselves effective members of society and do not have internal resources to tolerate or reduce anxiety and stress in their everyday lives (15). Therefore, given the level of death anxiety and its related problems in the elderly and given their living conditions, which is one of the important issues in human societies on the one hand (16), and the fact that attitudes towards aging is of prime importance in this stratum of society, the present study aimed to compare death anxiety, self-concept and attitudes to old age in the elderly living on their own, residing in nursing homes full-time or part-time, or living with extended families in Kermanshah, Iran.

## Materials and Methods

In this descriptive and causal-comparative study, the statistical population consisted of the elderly aged 60 and above residing in Kermanshah in 2016-2017 (N=75000). The Krejcie and Morgan Table and convenience sampling were used for the elderly living with extended families and the elderly living on their own whereas simple random sampling was employed for the elderly residing in nursing homes full-time or part-time. Finally, together with the said sampling methods, the inclusion criteria were considered and 367 subjects were selected as the sample population. Not to mention, due to the sample dropout, 304 subject were studied (35 subjects residing in nursing homes full-time, 88 subjects residing in nursing homes part-time, 49 subjects

living on their own, and 132 subjects living with extended families).

**Inclusion Criteria:** The inclusion criteria were as follows: aged 60 and above, informed consent to participate in the research, and lack of problems such as acute mental disability.

**Exclusion Criteria:** The exclusion criteria were as follows: psychotic illness, physical illnesses, and cognitive impairments. Not to mention, the Mini-Mental State Examination (MMSE) or Folstein Test was used to measure cognitive impairment.

#### Data Collection Tools

**Templer's Death Anxiety Scale:** This 15-item questionnaire, developed by Templer in 1970, was designed to measure death anxiety. Moreover, according to Saggino & Kline (1996), the reported Cronbach's alpha coefficient for triple factors measured 0.68, 0.49, and 0.60, respectively (34).

**Kogan's Attitudes toward Older People Scale (KAOPS):** This 34-item questionnaire, first designed by Kogan in 1961, contains two subscales of negative and positive attitudes with 17 questions in each. This questionnaire was reviewed in Iran by Rejeh et al. (2012), and the KMO Coefficient and Bartlett's Test for structural validity measured 0.92 and 0.86, respectively. Additionally, in their study, the Cronbach's alpha coefficients of the negative and positive attitudes measured 0.83 and 0.86, respectively (35).

**Beck's Self-concept Inventory:** This 25-item questionnaire, measuring one's negative attitudes towards oneself, was developed by Beck in 1990 and re-evaluated by other researchers in the same year (36). It should be noted that higher scores represent positive self-

concept. In the present study, the Cronbach's alpha coefficient measured 0.82, and in other similar studies in Iran, the Cronbach's alpha coefficient measured 0.85 (37).

As for data analysis, the descriptive (mean and standard deviation) and inferential (Multivariate analysis of variance, Tukey and Games-Howell tests) statistics were used. In addition, the SPSS Statistical Software Version 22.0 was employed for data analysis.

#### Results

According to the demographic data of the subjects, out of the 304 samples under study, women accounted for slightly above half of the sample population (54.3% or 165 subjects), and the rest were men (45.7% or 139 subjects). In terms of age, the 65-75 age group accounted for 83.6% (254 subjects) of the total sample population, the 75-85 age group made up a small percentage (10.9% or 33 subjects), and the age group above 85 held the lowest proportion (5.5% or 17 subjects). Besides, in terms of education, 80 subjects (26.3%) were illiterate and 16 subjects (5.3%) held A.A. degrees. Moreover, in terms of education, the highest and lowest proportions belonged to the subjects who had educations below secondary school (52% or 158 subjects) and bachelor's degrees and above (4.3% or 13 subjects), respectively. Further, the unemployed subjects made up about 50.7% (154 subjects) of the sample population, whereas the rest were either white-collar workers (18.4% or 56 subjects) or self-employed (30.9% or 94 subjects). In Table 1, The descriptive indexes of means and standard deviations of death anxiety variables (just death and general factor) and attitudes towards old age (negative and positive) are presented in separate groups.

**Table 1. The Descriptive Indices and Normality of Research Variables**

Variable	Subscale	Group	Number	Mean	Standard deviation	k-s	Sig.
Death anxiety	Just death	Residing in Nursing Homes Full-time	35	2.05	2.02	1.43	0.03
		Residing in Nursing Homes Part-time	88	65.2	1.72	1.25	0.08
		Living with Extended Families	132	44.3	1.37	1.63	0.01
		Living on Their Own	49	36.3	1.28	1.1	0.17
	General factor	Residing in Nursing Homes Full-time	35	22.2	2	1.19	0.11
		Residing in Nursing Homes Part-time	88	99.3	2.13	1.15	0.14
		Living with Extended Families	132	97.4	1.84	1.35	0.05
Attitude towards Old Age	Negative	Living on Their Own	49	17.5	2.13	1.064	0.20
		Residing in Nursing Homes Full-time	35	60.45	10.06	0.47	0.97
		Residing in Nursing Homes Part-time	88	71.53	12.33	0.604	0.85
		Living with Extended Families	132	72.01	9.50	1.51	0.02
	Positive	Living on Their Own	49	72	7.88	0.78	0.56
		Residing in Nursing Homes Full-time	35	76.14	8.90	0.56	0.91
		Residing in Nursing Homes Part-time	99	83.21	10.44	0.68	0.74
		Living with Extended Families	132	78.82	11.24	1.9	0.001
Self-concept	Living on Their Own	49	78.06	10.38	0.97	0.29	
	Living on Their Own	35	61.6	16.64	0.81	0.51	
	Residing in Nursing Homes Full-time	88	61.72	10.95	0.79	0.54	
	Residing in Nursing Homes Part-time	132	67.34	11.49	0.83	0.49	
	Living with Extended Families	49	71.89	8.78	0.85	0.46	

According to the results in Table 1, the mean scores of elderly's death anxiety (just death and general factor) residing in nursing homes full-time or part-time were lower than those of other groups. Additionally, the results revealed that the mean scores of attitudes towards old age (negative and positive) and self-concept of the elderly residing in nursing homes full-time were lower than those of other groups. Besides, the results of the normalization of the data of variables showed that the scores of just death in two groups of the elderly residing in nursing homes full-time and those living with extended

families and the scores of negative and positive attitudes towards old age in the group of the elderly living with extended families were not normal ( $p < 0.05$ ) whereas the scores in other groups were normal. In addition, the variance of just death was heterogeneous in four groups ( $F = 6.155$  and  $p = 0.001$ ) whereas the variance of general factor was homogeneous in four groups ( $F = 1.532$  and  $p = 0.20$ ). In Table 2, the results of Pillai's Trace are presented.

**Table 2. The results of Multivariate Test to Examine the Subscales of Death Anxiety (Only Death and General Factor) in Four Groups**

Effect	Tests	Value	F	Degree of freedom	Sig.	Power of the Test
Group	Pillai's Trace	0.19	10.60	6	0.001	<b>1</b>
	Wilks' Lambda	0.81	11.09	6	0.001	<b>1</b>
	Lawley-Hotelling Trace	0.23	11.58	6	0.001	<b>1</b>
	Roy's Greatest Root	0.22	22.49	3	0.001	<b>1</b>

The results of Pillai's Trace indicated that there were significant differences between the mean scores of just death and general factor in all four groups under study ( $p < 0.001$ ). In Table 3, the

differences between the mean scores of just death and general factor in all four groups are shown.

**Table 3. The Effects between the Subjects**

Source of Changes	Dependent Variable	Sums of Squares	df	Average of Squares	F	Sig.	Power of the Test
Group	Just Death	73.68	3	24.56	10.12	0.001	<b>0.99</b>
	General Factor	252.30	3	84.10	0.001	0.001	<b>1</b>
Error	Just Death	727.67	300	2.42			
	General Factor	1193.56	300	3.97			
Total	Just Death	3622.00	304				
	General Factor	7347.47	304				

Given the F value and the significance level of  $p < 0.001$ , it was concluded that there was a significant difference between the mean scores of just death and general factor between the groups under study. According to the results of Tukey and Games-Howell tests, the mean scores of just death in the elderly residing in nursing homes full-time or part-time were lower than those of the elderly living with extended families or living on their own ( $p < 0.05$ ). The results also demonstrated that the mean scores of the elderly residing in nursing homes full-time were lower than those of other groups. In addition, it was shown that the mean scores of the elderly residing in nursing homes part-time were lower than those of the elderly living with extended families or living on their own ( $p < 0.05$ ). According to the results of Levene's test were indicative of the homogeneity of variances. The variance of negative attitudes was heterogeneous

in four groups ( $F = 6.09$  and  $p = 0.001$ ) whereas the variance of positive attitudes was homogeneous ( $F = 0.36$  and  $p = 0.78$ ). In the case of violation of the above-mentioned assumptions, the Pillai's Trace is recommended for the interpretation of multivariate tests (38).

The results of Pillai's Trace were indicative of significant differences between the mean scores of negative and positive attitudes among the elderly residing in nursing homes full-time or part-time, the elderly living on their own, and those living with extended families ( $p < 0.001$ ). In addition, given the F value and significance level, it can be concluded that the mean score of negative attitudes ( $p < 0.001$ ) and positive attitudes ( $p < 0.01$ ) were significantly different between the groups under study. To determine the sources of difference between the groups in terms of negative and positive attitudes towards

old age, the Tukey and Games-Howell tests were used. The results of these two tests revealed that the mean score of negative and positive attitudes towards old age by the elderly residing in nursing homes full-time was lower than those of other groups ( $p < 0.05$ ). The results of Levene's test demonstrated that the variance of self-concept was heterogeneous in four groups ( $p = 0.05$ ,  $F = 0.453$ ). Also, the results of ANOVA of comparing the mean scores of self-concept in the four groups under study showed that the  $F$  value measured 10.312 and was significant at 0.01 error level. Therefore, the  $H_0$  was rejected, and the  $H_1$  saying, 'there is a significant difference between the four groups in terms of the mean score of self-concept' was supported. In other words, according to the results of the Tukey and Games-Howell tests, it was found out that, at an error level of 0.05, the mean score of self-concept of the elderly living on their own was the highest whereas the mean score of self-concept of the elderly residing in nursing homes part-time was the lowest.

### Discussion

The mean scores of just death and general factor of the elderly residing in nursing homes part-time and full-time were lower than those of other groups. This finding was consistent with the results of studies conducted by Nohi Karimi and Iranmanesh (39) and Madnawat & Kachhawa (40). However, this finding was inconsistent with the results of studies performed by Zeraati et al. (41), Mehri Niasibni and Abolghasemi (42) and Fortner and Neimeyer (43). In addition, the results indicated that the death anxiety of the elderly residing in nursing homes was lower than those of other groups, which may be due to the fact that most elderly people living in such places are not satisfied with staying there and are more interested in death. Hence, the level of experiencing death anxiety was lower in this group. However, the elderly who are living with extended families experience higher levels of death anxiety because of their greater dependence on family, friends, and relatives. This finding was concurrent with the results of a study done by Williams & Warren (2009), in which it was expressed that nursing homes were better than death. However, from the perspective of the residents of nursing homes, residence in such places is not better than death. The elderly believe that they get closer to death through residing in nursing homes (44). Additionally,

according to Madnawat & Kachhawa (2007), one of the reasons for the increased death anxiety in the elderly who live with extended families is the excessive dependence on their family members in India (40). Having positive attitudes is one of the factors that affect people's mental health. Positive attitudes play such an important role in adapting to stressful life events that when one is faced with a challenge, he/she will have a solid and lasting state, provided he/she has positive attitudes, and vice versa.

This difference may be higher in difficult conditions (45). People with positive attitudes expect good and positive events, while negative attitudes focus on the most disastrous causes of each failure and expect negative expectations for the outcomes (46). Jobin et al. (2014) concluded that there was a meaningful relationship between the positive attitudes and anxiety reduction (47). In a study conducted by Gison et al. (2015), it was shown that one's quality of life positively and significantly correlated with each of positive attitudes and optimistic orientations in life (48). The frequency of one's negative attitudes about oneself, world and future and identifying negative and irrational thoughts are responsible for the continuation of negative emotions, which was more observed among the elderly residing in nursing homes compared to the elderly living with extended families. The findings of a study performed by Ramazankhani et al. (2013) revealed that the elderly under study had moderate levels of knowledge and relatively good levels of attitudes and performance (49). In a study done by Samadi et al. (2003), the subjects had low levels of knowledge, attitude and performance regarding healthy lifestyles that could be due to the high average age of elderly people (50). In another study conducted by Pänkäläinen et al. (2016), it was shown that the elderly with negative attitudes experienced higher levels of death (51). Zenger et al. (2010) concluded that high levels of negative and positive attitudes were associated with increasing and decreasing anxiety, respectively (52). In a study performed by Asayesh et al. (2014), in which the attitudes of general practitioners towards old age were addressed, the results indicated that 54.2% of the general practitioners had lower than average scores in terms of attitudes towards old age. It was also shown that 50.3% and 53.5% of the participants

had lower than average scores in terms of positive and negative attitudes, respectively. In the present study, the results of comparing the scores of negative and positive attitudes towards old age demonstrated that the significance of the mean scores of negative attitudes was significantly higher than that of positive attitudes (53), which was concurrent with the results of a study conducted by Liu and Wong (2009) (54). In a study done by Klick et al. (2010) about the Turkish nursing students, it was demonstrated that the majority of students had negative attitudes towards old age (55). In the present study, the third hypothesis was supported, and the results showed that the highest mean score of self-concept belonged to the elderly living on their own. In a study by Klick et al. (2010), a group of nursing students in Turkey showed that most students had negative attitudes towards nursing (55). Moreover, the third hypothesis, which was about the significance of the difference between the mean scores of self-concept between the four groups under study, was confirmed. The results also demonstrated that the elderly living on their own had the highest mean score of self-concept. The results of a study conducted by Jahangirzadeh and Khodabakhshi Kolaiee (2016) about the comparison of self-concept, life satisfaction and hope in elderly housewives and retired women demonstrated that there was a meaningful difference between the self-concepts of housewives and retired women in terms of the subscale of one's attitude towards one's real being. In other words, the retired women's level of self-concept was higher than that of elderly housewives in terms of the subscale of one's attitude towards one's real being (56). Laudi Smith and Robert (2010) showed that positive self-concept was negatively correlated with age, while in the old age, self-concept was positively associated with annual income, health and social roles (57). The results of a study conducted by Khodabakhshi Kolaiee et al. (2014) about the comparison of coping strategies against stress and self-concept of married employed and

unemployed women in Tehran in 2013 showed that there was a meaningful relationship between the two variables. In other words, married, employed and well-educated women had more positive self-concepts than married, unemployed and well-educated women (58). Kort et al. (2011) believe that many elderly people experience low levels of self-esteem and self-concept in their old age, originating from several sources, for example, they may be devalued by their families and others, which in turn leads to the isolation of the elderly. Moreover, losing the power to make decisions relating to their own affairs, even simple things like eating, sleeping, dressing, bathing, etc., sometimes reduce their self-esteem (59).

### Conclusion

Given the high levels of death anxiety in the elderly who live with extended families and the psychological effects of this important variable in their lives, training people in coping with death anxiety seems to be necessary and effective. Moreover, given the low levels of positive attitudes in the elderly residing in nursing homes, paying attention to the mental and emotional aspects in the elderly course of life is of prime significance. Accordingly, nurses' focus on the elderly's strengths, their participation in daily routines and expressing gratitude to them would strengthen their self-concepts and positive attitudes.

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