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Original Article

The Relationship between Social Support and Death Anxiety among the Elderly

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A B S T R A C T

Introduction: Social support is one of the most important indices affecting adaptation to aging process as well as the problems and complications of the aging period such as anxiety, death and social support. This study was aimed to determine the correlation of social support with death anxiety among the elderly of Tehran, Iran.

Methods: In this correlational study, 208 elderly referring to the daycare centers of Tehran were selected through cluster random sampling. Data were collected by demographic questionnaire, Vaux Social Support Appraisals Scale (SS-A) and Templer death anxiety scale. Both social support and death anxiety scales have been validated in Iran and enjoy the required reliability.

Results: From among the participant elderly, 5.3 % were male and 67 % were single, with their mean age of 66.6 years. Also, 60.1 % were under diploma in terms of education and 64.9 % lived in their personal houses with their families. The results showed the mean social support of 24.94 and mean death anxiety of 24.43 for the elderly. Further, Pearson correlation coefficient indicated a reverse correlation between social support and death anxiety (r = -0.020).

Conclusion: Death anxiety was reduced with increased social support among the elderly. Social support, a component affecting the mental health and spirit of the elderly, can be considered a cheap source and a social capital in line with decreasing death anxiety, increasing dynamicity and improving the life quality of the elderly.

Keywords: Social Support, Anxiety, Aged

Introduction

According to the 2016 census, more than six million (9.27 %) Iranians are ≥ 60 years old. Also, according to the international estimates, the elderly population of Iran will grow more rapidly than other areas and even the mean global age of the elderly in 2040, will exceed the average growth of the world's elderly population in 2045 and will exceed that of Asia in 2050 (1). This population crisis of Iran can be called the elderly tsunami with different social and health dimensions. Although aging is accompanied by various performance reduction and changes in the body organs and systems, it is a period of human life, not a disease (2, 3).

Stress and anxiety in the aging period are more prevalent because this period is full of feeling of shortages and inabilities (4). That is to say the elderly are more exposed to stress and anxiety due to reduction or loss of self-confidence, decreased activity and mobility, loss of friends and relatives, reduced financial and physical independence and chronic

diseases (5, 6). Restlessness, sadness, grief, loss of appetite, hypertension, respiratory irregularities, palpitations and disturbance in concentration and performing daily activities are symptoms of these stressors. As a result of these factors and the reasons mentioned, it can be concluded that stress and anxiety largely affect the elderly and can extensively risk their health (7, 8).

Uchino et al. reported evidence about the factors related to age increase and hypertension and acute stress (9). On the other hand, although individuals have undoubtedly differences with regard to susceptibility to psychological diseases, these differences become larger under the influence of social status and more importantly the individuals' perception of the given situation. Thus, it is quite important to seriously consider the social factors affecting mental health, the most important of which is perceived or received social support by the individuals (10, 11).

Social support is a determinant of health that is concerned with the social dimension of human and has been increasingly taken into account in the recent years (12, 13). Miller found that social supports protect the elderly against the harmful effects of stress and promote their emotional and physical welfare (14). Also, the study of Gallagher et al. on the elderly's perception of social support showed that the elderly that were connected to the social networks and received informal social support had better psychological and physical health than those who had less communication with others (15).

Birditt et al. reported that the number of social networks can predict the heightened reaction to diastolic blood pressure (16). Further, Alipour et al. emphasized the significance of the social factors determining health, especially social supports in mental disorders of the elderly. Therefore, it is essential to pay attention to this inexpensive economic resource to cope with stress and anxiety among the elderly, thereby improving their life quality (17).

Goudarz et al. demonstrated a positive correlation between social support and psychological well-being. Hence, enhancing social support in the elderly can have a significant impact on the psychological well-being and social performance of the elderly. On the other hand, promoting social supports can reinforce psychological well-being in the elderly (18). Krause showed that emotional support reduced the harmful effects of financial problems on satisfaction with life (19).

Since the elderly in any society are experienced workforce affecting the development of country, and prevalence of any psychological disorders among them can lead to the loss of material and spiritual investments, identifying their psychological status and analyzing the related factors can affect the development of this susceptible group of community, and its positive effects and benefits return to the whole society in the long run (20).

Hence, owing to the importance of correct behavior with the elderly and given the specific role of family in supporting the elderly, which is very important in this period of time and plays a pivotal role in the quality of their life, the present study was carried out to investigate the correlation of social support and death anxiety in the elderly living in and out of the nursing homes of Tehran in 2016.

Methods

Procedure and sampling

In this correlational study, the samples were selected by cluster random sampling. First, five regions were chosen from among the municipal regions by simple random sampling. Then, the elderly daycare centers in the given regions were visited, and questionnaires were completed and collected after taking permission from the authorities and attracting the participants' cooperation. The inclusion criteria consisted of people aged $\geq$ 60 years living in Tehran in the past year, being able to answer the questions and the elderly's or their relatives' consent to participate in the study. The exclusion criteria involved lack of cooperation during the study, the elderly with psychological and physical problems, and unwillingness to continue the interview in any stage of the study.

Measure

The data were collected by demographic questionnaire, Vaux Social Support Appraisals Scale (SS-A) and Templer death anxiety scale. These questionnaires were completed by the elderly as self-report.

Vaux social support scale includes 23 items and 3 subscales, including family, friends and other, characterized by Yes/No options. A score above the mean indicates higher social support and below the mean shows lower social support among the elderly (21). The validity and reliability of this scale have been previously confirmed by various studies In Iran. Ebrahimi-ghavam provided a two-point scale (Yes/No) for this questionnaire, with a Cronbach's alpha level of 0.90 (22).

To measure death anxiety in this research, Templer death anxiety scale was used, which has had the maximum application. It is a self-administered scale consisting of 15 True/False items, the true response indicating the presence of anxiety in the person. The scores are ranged from zero to fifteen. High score (above the mean, score 8) indicates a high degree of death anxiety (23). The validity and reliability of this scale have formerly been confirmed by many studies in Iran. Rajabi & Bohrani have translated this scale into Persian. The Cronbach's alpha values obtained for the triple factors have been reported to be 49, 68 and 60 % by factor analysis (24). Templer reported the test-retest reliability coefficient of 83 % for this scale (23). Therefore, there was no need to determine the validity and reliability of the scales again.

Ethical Considerations

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation and with the Helsinki Declaration of 1975. This article was taken from a research project, with ethical code IR.USWR.REC.1395.327, approved by the Deputy of Research and Technology at University of Social Welfare and Rehabilitation Sciences.

Data analysis

For data analysis, descriptive statistics, including mean, standard deviation and ratios and inferential statistics were run in SPSS Version 22.0. (Armonk, NY: IBM Corp.). Kolmogorov-Smirnov test was applied to analyze the normality of distribution of variables and Pearson correlation coefficient was used to determine the correlation between variables.

Results

A total of 208 older adults were included in this analysis. The mean age of the participants was 66.60 ± 6.58 years (SE: 0.457). The characteristics of the sample are presented in Table 1.

As Table 2 illustrates, mean of SS-A score in older adults was 24.94, which indicates a good level of social support. Also, correlation analysis showed a negative significant correlation between death anxiety, age, and social support, respectively (r = -0.775, r = -0.640).

Table 3 indicated that there was significant relationship between SS-A and factors were as follow: marital status and residential status. It means single older adults and living in nursing home had experience worst social support.

Table 1. Characteristics of the participants

Variable		N = 208	
		n	%
Gender	Male	115	55.3
	Female	93	44.7
Marital Status	Single	68	32.7
	Married	140	67.3
Education	Illiterate	31	14.9
	Guidance school	125	60.1
	Academic	52	25
Residential status	Nursing home	17	8.2
	Alone	45	21.6
	With spouse	135	64.9
	With relatives	11	5.3

Table 2. Descriptive statistics, and correlation matrix of the variables

Variable	Age	SS-A	DAS	Mean	Range	SD	SE
Age	1	0.104	- 0.775 *	66.60	6-89	6.589	0.457
SS-A **		1	- 0.640 *	24.94	24-42	3.538	0.245
DAS ***			1	24.43	16-30	3.211	0.223

* P < 0.05 - ** SS-A: Social Support Appraisals Scale - *** DAS: Templer Death Anxiety Scale

Table 3. Statistics values for correlation matrix of the variables

	SS-A				DAS			
	Gender	**Marital status**	**Education**	**Residential status**	**Gender**	**Marital status**	**Education**	**Residential status**
Test value	- 0.080 t	- 4.3.4 t	0.890 F	24.130 F	- 0.833 t	1.249 t	0.302 F	1.286 F
df	206	206	205	204	206	206	205	204
P-value	0.423	< 0.001	0.412	< 0.001	0.406	0.213	0.740	0.280

Discussion

This study evaluated the correlation of social support and death anxiety among the elderly of Tehran, Iran in 2016. The findings showed no significant correlation between age and social support and between age and death anxiety. However, all participants were elderly with no age differences. There are contradictory reports about the relationship of age with death anxiety, some showing a directly ascending association between age increase and death anxiety (25), but some others indicating a curved relationship, increasing with age increase and reaching its peak during the middle age (26). Also, Masoudzadeh et al. and Aghajani et al. showed no association between age and death anxiety (27, 28). These findings are in contrast with the results of Keyes and Shapiro (29). The researchers tend to think that factors such as different research environments, number of samples and study population have caused these differences.

The results of this study indicated no significant relationship between gender and social support and death anxiety. Schumaker et al. showed no significant difference between the male and female Japanese samples, but reported a significant difference between the Australian men and women. Hence, death anxiety in Australian women was higher than men (25). A study has reported a higher death anxiety for women than for men, increasing death concern in women than in men (30). Fortner and Neimeyer reported no significant relationship between death anxiety in men and women (31). Further, Comstock and Partridge conducted a longitudinal study on fifty thousand mature individuals over eight years. They found a lower death anxiety and fear in women regularly attending religious ceremonies (32). The researchers believe diverse results obtained in different studies may be due to the effect of culture, religion and rituals governing the society as well as the differing roles of men and women and even the expression of anxiety and fear on the part of men.

Based on the findings, social support in the married couples was higher, but there was no association between death anxiety and marital status. Regarding the association of this variable with marital status, the mean score of social support in all dimensions in the elderly living with their spouse was higher than those living alone because of such reasons as death of spouse. These findings are indicative of the key role of partners in providing a supportive environment, especially during aging (33). The results of Barry et al. also confirm this issue (34). The findings of the study by Madnawat and Kachhawa carried out in India are not in line with the results of the present study. They showed that death anxiety in the elderly living with their families was higher, perhaps because in India individuals are strongly dependent upon their families and consider death as a factor isolating them from their families, thereby increasing their fear of death (35).

The findings indicated no significant correlation between education level and social support and death anxiety. Death anxiety results are in line with the findings of Nouhi et al. (36). With regard to the association of social support and education level in the elderly, the results showed no significant relationship between social support subscale and education, which is in contrast with the results of Vahdani Nia et al. This may be associated with greater sense of belonging of the literate people to the society. It seems that these people consider themselves vital and valuable members of community and always try to improve and evaluate their interpersonal relationship in the social groups they are members of (37). As observed, death anxiety was inversely correlated with social support, so it was not statistically significant, that is death anxiety among the elderly was reduced with age increase. The results of the present study and those of Leung et al. show that social support has a significant impact on anxiety, loneliness, general well-being, happiness, depression and satisfaction among the elderly (38).

Conclusion

Based on the findings, it can be concluded that perceived social support among most of the elderly is at an average level, while there are still close supportive relationships and strong familial bonds in the society, and perceived social support is expected to increase more. Implementation of strategies to enhance social support among the elderly, followed by their social well-being is of great significance in this regard.In general, given the effect of perceived social support on the social well-being of the elderly and importance of this aspect of health, more attention is required to be given to this issue among the vulnerable elderly.

Study limitations

A limitation of this study is the sampling method and low sample size. Also, spirit and social support are subjective concepts and the judgment and self-evaluation of research groups should be trusted for their measurement. Hence, more comprehensive studies with complete random sampling are recommended to be designed for the elderly. Moreover, further studies are suggested to identify other factors affecting various dimensions of health among the elderly.

Conflicts of interest

No potential conflicts of interest were disclosed.

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Authors' contribution

Study conception and design: MH, BE.
Acquisition of data: BE.
Analysis and interpretation of data: VR.
Drafting of manuscript: MH, VR.
All the authors have read the final manuscript and approved that.

References

1. Statistical Center of Iran. Population and housing census [Internet]. Iran: Statistical Center of Iran: 2018. Available from: http://www.amar.org.ir/Default.aspx?tabid=1190.

2. Eliopoulos C. Gerentological nursing. Phialdelphia: Lippincott Williams & Wilkins; 2010.

3. Rashedi V, Asadi-Lari M, Foroughan M, Delbari A, Fadayevatan R. Prevalence of disability in Iranian older adults in Tehran, Iran: a population-based study. Journal of Health and Social Sciences. 2016; 1(3): 251-62.

4. Khademi MJ, Rashedi V, Sajadi S, Gheshlaghi SM. Anxiety and loneliness in the Iranian older adults. International Journal of Psychology and Behavioral Sciences. 2015; 5(2): 49-52.

5. Darvishpour Kakhaki AD, Abed Saeidi ZH, Delavar A, Zakerin MS. Autonomy in the elderly: a phenomenological study. Hakim Research Journal. 2010; 12(4): 1-10. [Persian]

6. Rashedi V, Gharib M, Rezaei M, Yazdani AA. Social support and anxiety in the elderly of Hamedan, Iran. Archives of Rehabilitation. 2013; 14(2): 110-5. [Persian]

7. Burnston K, Johannesson M, Diderichsen F. Health related quality of life by disease and socioeconomic group in general population in Sweden. Health Policy. 2001; 55(1): 51-69.

8. Rashedi V, Asadi-Lari M, Foroughan M, Delbari A, Fadayevatan R. Mental health and pain in older adults: findings from urban HEART-2. Community Mental Health Journal. 2017; 53(6): 719-24.

9. Uchino BN, Holt-Lunstad J, Bloor LE, Campo RA. Aging and cardiovascular reactivity to stress: longitudinal evidence for changes in stress reactivity. Psychology and Aging. 2005; 20(1): 134-43.

10. Tajvar M, Grundy E, Fletcher A. Social support and mental health status of older people: a population-based study in Iran-Tehran. Aging & Mental Health. 2018;22(3):344-53.

11. Nabavi SH, Alipour F, Hejazi A, Rabani E, Rashedi V. Relationship between social support and mental health in older adults. Medical Journal of Mashhad University of Medical Sciences. 2014; 57(7): 841-6. [Persian]

12. Cobb S. Social support as a moderator of life stress. Psychosomatic Medicine. 1976; 38(5): 300-14.

13. Rashedi V, Rezaei M, Gharib M, Nabavi SH. Social support for the elderly: comparison between home and nursing home. Journal of North Khorasan University of Medical Sciences. 2013; 5(2): 351–6. [Persian]

14. Miller CA. Nursing for wellness in older adults theory and practice. Philadephia: Williams & Wilkins; 2003.

15. Gallagher LP, Trugli-Londrigan M. Community support:older adult's perceptions. Clinical Nursing Research. 2004; 13(1): 24-32.

16. Birditt KS, Antonucci TC, Tighe L. Enacted support during stressful life events in middle and older adulthood: An examination of the interpersonal context. Psychology and Aging. 2012; 27(3): 728-41.

17. Alipour F, Sajadi H, Forouzan A, Nabavi H, Khedmati E. The role of social support in the anxiety and depression of elderly. Salmand, Iranian Journal of Ageing. 2009; 4(1): 53-61. [Persian]

18. Goudarz M, Foroughan M, Makarem A, Rashedi V. Relationship between social support and subjective well-being in older adults. Salmand, Iranian Journal of Ageing. 2015; 10(3): 110–9. [Persian]

19. Krause N. Exploring age differences in the stress-buffering function of social support. Psychology and Aging. 2005; 20(4): 714-7.

20. Khosravi S. Epidemiology of mental disorders in among over 15 years old population in rural and urban area of Borujen, 1994. Journal of Shahrekord University Medical Sciences. 2003; 4(4): 31-9. [Persian]

21. Vaux A, Phillips J, Holly L, Thomson B, Williams D, Stewart D. The social support appraisals (SS-A) scale: Studies of reliability and validity. American Journal of Community Psychology. 1986;14(2):195-218.

22. Ebrahimi-ghavam S. Validity of locus of control, self-esteem and social support. Tehran: Islamic Azad University of Tehran; 1992.

23. Rajabi G, Bohrani M. Item factor analysis of the death anxiety scale. Journal of Psychology. 2002; 20(1): 331-43. [Persian]

24. Templer DI. The construction and validation of a death anxiety scale. The Journal of General Psychology. 1970; 82(2): 165-77.

25. Schumaker JF, Warren WG, Groth-Marnat G. Death anxiety in Japan and Australia. The Journal of Social Psychology. 1991; 131(4): 511-8.

26. Bengtson VL, Cuellar JB, Ragan PK. Stratum contrasts and similarities in attitudes toward death. Journal of Gerontology. 1977; 32(1): 76-88.

27. Masoudzadeh A, Setareh J, Mohammadpour RA, Modanloo Kordi M. A survey of death anxiety among personnel of a hospital in Sari. Journal of Mazandaran University of Medical Sciences. 2008; 18(67): 84-90. [Persian]

28. Aghajani M, Valiee S, Tol A. Death anxiety amongst nurses in critical care and general wards. Iran Journal of Nursing. 2011;23(67):59-68. [Persian]

29. Shapiro A, Keyes CL. Marital status and social well-being: are the married always better off?. Social Indicators Research. 2008; 88(2): 329-46.

30. Abdel-Khalek A. Love of life and death distress: Two separate factors. OMEGA-Journal of Death and Dying. 2007; 55(4): 267-78.

31. Fortner BV, Neimeyer RA. Death anxiety in older adults: a quantitative review. Death Studies. 1999; 23(5):387-411.

32. Comstock G, Partridge K. Church attendance and health. Journal of Chronic Diseases. 1972; 25(12): 665-72.

33. Khalili F, Sam S, Sharifirad G, Hassanzadeh A, Kazemi A. The relationship between perceived social support and social health of elderly. Health Research Journal. 2011; 7 (6): 1216-25. [Persian]

34. Barry LC, Kasl SV, Lichtman J, Vaccarino V, Krumholz HM. Social support and change in health-related quality of life 6 months after coronary artery bypass grafting. Journal of Psychosomatic Research. 2006; 60(2): 185-93.

35. Madnawat AV, Kachhawa PS. Age, gender, and living circumstances: discriminating older adults on death anxiety. Death Studies. 2007; 31(8): 763-9.

36. Nouhi E, Karimi T, Iranmanesh S. Comparing fear of death of the elderly settled in elderly's home and inhabited in city houses of Isfahan. Salmand, Iranian Journal of Ageing. 2014; 8(4): 24-31. [Persian]

37. Vahdani Nia M, Goshtasebi A, Montazeri A, Maftoon F. Health-related quality of life in an elderly population in Iran: A population-based study. Payesh. 2005; 4(2): 113-20. [Persian]

38. Leung KK, Chen CY, Lue BH, Hsu ST. Social support and family functioning on psychological symptoms in elderly Chinese. Archives of Gerontology and Geriatrics. 2007; 44(2): 203-13.