

The Caspian Sea Journal

ISSN: 1578-7899

Volume 10, Issue 1, Supplement 4 (2016) 25-29

The Role of Percepted Social Support Confronting and Tolerating Strategy in Prediction of Eledrs Life's Quality

Rahimzadeh Khadigeh

M.A. student of Clinical psychology, Ardabil Branch, Islamic Azad University, Ardabil, Iran

ABSTRACT— The following research in about the role of percepted social Support, confronting strategies and tolerating in prediction of elders life's quality. The current research method is a description of the performed integration type. The population of this research consist of the whole elders of Miandoad who were more than 60 years old and they are 1784 people, and a sample of 100 people had been chosen by accidental sampling method among the population. Include 4 standard questionnaire which Also includes the questionnaire of precepted social Support Philips and Associates(1986), questionnaire of confronting stress Andler & Parker (1990), Index of psychological toleration Conner & Davidson (2003) and the Quality of life's questionnaire of the obtained data in this research Of different description static's methods (average) standard deviation and for hypothesis exam we used poison's integration test and regression analysis by means of the statically software SPSS version 22. The finding of this research showed that there is a significant relation between the precepted social Support and elders 'life quality. There is a connection between the confronting strategies with the elder's life quality, between tolerating and the elder's life quality. Also a connection. The result of the multi varieties regression analysis showed that the preceptor social Support. The confronting strategies and tolerating will predict the quality of elders' life.

KEYWORDS: Precepted social Support, confronting strategies, Tolerating, Quality of life and elders.

Introduction

Now a days eldering phenomena beside all of its psychological aspects, social, cultural and economical is one of the serious issues and challenging for families and specially for society and mostly in developing countries and developed countries. Significant increasing of elder's population all around the world is a phenomena which has been started since twentieth century and it continues in twenty first century which called the elder's century. The United Nalion defined the number of the elders about 700 million in 2006 (UN population department 2007) and it is predicted that this population will be two folded in the following 40 years. Since more than 50 percent of the elders population are living in Asia (WHO 2002), Iran is not an exception about this issue as an Asian country. As the eldering or ageing process in the country is narrating the growth in elders population growth according to the result of census in 1335, approximately more than 5 percent of the society belong people older than 60 years old and it reaches 7-3 / in 1385 and it is predicted that in 1470 there will be an enormous growth in elder's number and 25 / to 30/ of the society will consist of the elders (sohbatiha & Asseciates: 1389). The studies showed that the level of death and the physical and psychological problem will decrease by promotion in the level of protection in prepared social protection, Antistress, methods and tolerating and people with higher level of social Support and high level of quality in life will face lower risk of head l conditions. Although there is a specified connection between the redaction in social Support and weak preacknowledgment. The findings show that reduction in level of social Support is in connection with the number of admissions in hospital for chronic diseases (cheraghi & Associates 1394). Now a days according to the increase in life's length index and life's hope. There is another important issue raised as the quality of life spent and quality of life and analyzing this issue has become the concern of many scientist and researchers on elder's life affairs and it has effect and redaction in older life's quality. Regarding this issue the Barry's researches shows about 60 % of health care costs and 35 % of the hospital dismisses and 47% of admitted days in hospitals belongs to the elders. 8 % of the elders are involved with of least one of the sever conditions like Arthritis, blood, pressure, heart conditions or sensual disorders. As the ageing process continues the physical disorders confines and its negative impact ell increase their need for help that it will influence the quality of elder's life Although studies was done about the side effects and results of stress in elder's life so they have a crucial role regarded to psychological health of the elders. The social life and the environment such as social Support by family friends and the others, the person's self-tolerance unfair expectation and the quality of life which has a dose relationship with their psychological situation and could cause pressure and negative impact. So according to the above mentioned about tenderness and different criteria's about elder's age and the purpose of this research is to study the role of prospected social Support, confronting and tolerating strategies in prediction of the elder's life.

Study method

Study method in this research is a description of correlation according to the purposes and hypothesis of research. In the research different preceptor social Support, confronting and tolerating strategies are as the predicting criteria. Data's collect method is done in two levels and two types (questionnaire data) and library's data (develop of theatrical concepts of the research). For analysis and interpretation of the obtained data in this research of different description static's methods (average, standard deviation and,) and for hypothesis and researches tests we used the person's correlation test and multi criteria regression analysis by the commence method by SPSS statically software version 22. The data's collecting means include 4 questionnaire as follows:

1) Philips and Associates preceptor social Support:

This questionnaire is made based on the cob's definition of social Support by wax, Philips, holly, Thompson, Williams and Stewart in 1986.

According to oob's social Support is related to kindness afford. This questionnaire has 23 terms.

Ebrahimi Ghavam (1370) has changed the score method which mentored by Deliver in to zero and one and mentioned the reason as use of Cronbach's alpha which the Cronbach's alpha coefficient became 0.89 (Hemmati Racid and Sepah Mansour 1387).

2) Stress confront questionnaire

This is the stress confronting questionnaire in stressful situation which made by Endler and parker (1990). This questionnaire has 48 phrases which each one's answer is according to licker measurement as High(5), Good (4), Fair (3), Bad (2), Poor(1) for scoring system. The test include the three main confronting mineral: Objective confront, excitement based confront and avoiding confront. Each variant that obtain the highest score will apply that style of confront Endler an parker reported the Cronbach's coefficient in objective confront for the teenage girls 0.82 to 0.92, in excitement based confront from 0.85 for the girls to 0.82 for the boys and 0.85 for the girls and in avoidance confront from 0.82 for the girls to 0.85 for the boys.

This questionnaire has been interpreted and analyzed for first time by Akbarzadeh in Iran. After wars the credentials of this questioner measured in different researches. Hashemzade (1385) and Ravaie obtained the author nictation of the test 0.79 and 0.89 at the same time. Although Ghoreishi (2002) obtained the Cronbach's alpha coefficient in a high accuracy (0.81)

3) Psychological tolerating scale

Psychological tolerating scale made by Conner and Davidson 2003. This is 25 questionnaire tool which measures the structure of tolerating in licker's five degree scales from zero to for. The minimum tolerating score of the port in this scale is zero and the maximum is one hundred, the primary findings related to psychological features has approved its stability and reliability (Conner &Davidson 42003). The inner consistency, stability of the re-examination and convergence of reliability and divergence of the scale is not reported sufficient. The result of the discovered factor's analysis shows five elements such as :(suitability, self-confidence, trust to personal instincts, tolerating negative emotions, positive emotions acceptance,

Safe relationships, containment, spirituality) are confirmed for tolerating (Manner and Davidson 2003)

The reliability of tolerating scale Persian from is also confirmed in primary studies of normal cases and patient (Besharat 1383). The reliability of this structure had been confirmed by Besharat . Although Mashaalpur showed that this structure has a high reliability by integrating that with the Ahwaz psychological toughness scale by calculation of correlation coefficient r=0.64 in a significant level p<0.001 (according to Besharat and Abbaspour 1390) in an organizational study by associates (1386). The Cronbach's alpha coefficient resulted 0.87.

4) Life's Quality questionnaire, SF-26:

This questionnaire has approved its efficiency for different bases such as clinical jobs, the assessment of healthcare policies and researches 26 phrasal form been verified for different group of patients. The reliability of the Persian version of this form is also confirmed as 0.7 and 0.9 in Iran. (Montazeri & Associates: 1384). The amounts of reliability with the inner cluster corrosion index in field of physical health 0.77, mental field 0.77, and social relationship field and finally in environment health field was 0.84. The amounts of inner cluster correlation and Cronbach's alpha in all of the fields was obtained more than 0.7. Finally the findings showed that the Iranian version of this questionnaire with high reliability and credential is a proper tool for measurements of life's quality among the public population. (Nejat &Associates: 1385). Scale (questionnaire) short form (26 questions) the quality of life for world health Organization (WHOQOL – BREF) the shortened form and summarized life's quality questionnaire which has 100 question of world Health Organization WHOQOL – 100. Scale (questionnaire) world Health Organization's life's quality is popular and is translated to 40 languages such as person and was corrected and normalized in many countries. This questionnaire has been used in many researching activities.

Analysis and Interpretation of Data's:

For analysis and interpretation of the obtained data in this research we used method (average, standard deviation) and also hypothesis and the researcher's questions of Pierson's correlation test and multi-criteria regression analysis by approach and by statically software SPSS version 22.

Researcher's Findings

Table 1 - Correlation coefficient between preceptors social Support an elders life's quality.

Variable	Statistic	Physical Health	Psychological	Social Relationship	Environment
Preceptor Social	Correlation	-/ 074	/ 521	/ 173	/ 007
Support	Coefficient				
	Level of	/ 726	/ 008	/ 409	/ 973
	Significance				
	Correlation	/ 114	475 **	/ 230	/ 158
Family	Coefficient				
	Level of	/ 587	/ 017	/ 268	/ 451
	Significance				
	Correlation	-/ 192	/ 283	/ 037	-/ 123
Friends	Coefficient				
	Level of	/ 359	/ 170	/ 861	/ 559
	Significance				
	Correlation	/ 104	/ 325	/ 080	/ 044
VIP'S	Coefficient				
	Level of	/ 621	/ 113	/ 704	/ 836
	Significance				

Results of the research Table (1) coherence coefficient between prospected social protection and elder's life quality. As table (1) show there is a positive significant relation between preceptor social Support and psychological zone (r = 0.254), family preceptor social protection and psychological zone (r = 0.475).

Variable	Statistic	Physical Health	Psychological	Social Relationship	Environment
Confronting Strategies	Correlation Coefficient	/ 133	/ 504 *	/ 323	/ 077
	Level of Significance	/ 526	/ 010	/ 115	/ 714
Objective	Correlation Coefficient	/337	/ 584 **	/ 345	/ 347
•	Level of Significance	/ 099	/ 002	/092	/ 090
Excitement Based	Correlation Coefficient	/ 101	/ 172	/ 119	-/ 252
	Level of Significance	/631	/ 411	/ 570	/ 225
Avoidance	Correlation Coefficient	/ 137	/ 539 ***	/ 373	/ 198
	Level of Significance	/ 514	/ 005	/ 067	/ 343

As the table (2) shows there is a positive significant relation between confronting strategies and psychological aspect of elder's life quality (r = 0.504), subjective confronting strategies and psychological aspect of elder's life quality (r = 0.584), confronting prevention strategies and psychological aspect of elder's life quality (r = 0.539) and (p < 0.01).

Table 3 - Coherence coefficient between tolerating and elder's life quality

Variable	Statistic	Physical Health	Philological	Social Relationship	Environment
Tolerance	Correlation Coefficient	/ 144	/617 ***	/ 232	/ 237
	Level of Significance	/ 494	/001	/264	/ 254

As the table (3) shows there is a positive significant relation between toleration and elder's life quality psychological zone (r = 0.617) and (p < 0.01).

Variable	Statistic	Physical Health	Psychological	Social Relationship	Environment
Preceptor Social	Correlation	-/ 074	/ 521 ***	/ 731	/ 007
Support	Coefficient				
	Level of	/ 724	/ 008	/ 409	/ 973
	Significance				
Confronting	Correlation	/ 133	/ 504 *	/ 323	/ 077
Strategies	Coefficient				
	Level of	/ 526	/ 010	/ 115	/ 714
	Significance				
Tolerance	Correlation	/ 144	/ 617 ***	/ 132	/ 237
	Coefficient				
	Level of	/ 494	/ 001	/ 264	/ 254
	Significance				

Table 4- Coherence coefficient between preceptor social Support, confronting strategies and tolerating with elder's life quality

As table (4) shows there is a positive significant relation between preceptor social protection and psychological aspect of elder's life quality (r = .521)

Tolerating confront strategies and psychological aspect of elder's life quality (r = 0.504), and tolerating and psychological aspect of life's quality.

Table 5 -The result of multi criteria regression analysis for preceptor asocial Support fact, confronting strategies and toleration in prediction elder's life quality

prediction eider's me quanty									
Model	SS	DF	MS		F		P		
Regression	96/922	1	96/922		14/141		/001		
Remained	157/637	23							
Sum	254/560	24							
Dependent	R	RS	ARS		Unstandardized	Standardized	T	P	
variable					coefficients	Coefficients			
Constant				В	SE	BETA			
Objective	/505	/255	/223	/610	/217	/505	2/807	/010	
Tolerance	/617	/381	/354	/076	/026	/479	2/879	/009	
Avoidance	/696	/485	/438	/155	/074	/351	2/107	/047	

In order to define the role of each fact of preceptor social Support and tolerating strategies as the prediction variety had been archly side in regression analysis. As it shows in table (5) the number of observed (f) is significant and 14.141 percent of variances of elder's life quality is defined by studied varieties. According to Bête's numbers: subject (Bete = 0.351), tolerationg (Beta = 0.479), preventing (Beta = 0.351) predict the respective changes in elder's life quality.

Discussion and conclusion

According to modernity of the studied subject in this research which is the relation between precepted social Support confronting strategies and toleraring with elder's life quality, there is no special method that study directively the three varieties as: precepted social Support, confronting strategies and tolerating with the elder's life quality and the performed researches in this field just study one or two varieties about elder's that we define the theorical result according the present research findings and the performed studies. According to the obtained findings there is a possetive significant relation between the precepted social Support and quality of life. This result is synchronized with the findings of Chan & Associates and Lee & Associates that the social Support is the strongestanded force for a successful confrantiong the people involved in chronic diseases and tensionfull conditions and make it problems easier for the patients (Chon & Associates 2007, Lee & Associates 2004, Nasir 1389). Social Support plays the role of facilitator among the tensionful element of life and physicaland psycological problems and empowering people cognition cause the reduction in experience's tentions, increase the survival, and improve the people's life quality (Sarz &Associates 2000)Although to have proper social support lead the person to physical health crid proper psychological situation (Robert 1997). Although the results of Crokavcoa and Associates (2008). Shows that lew level precepted social pretection perception and realizing social Support may prevent the out break of unwanted physical symptoms of illness in person, Although increase the level of self - watch and self - confidence and provides a possetive impact on physical situation, and abviously cause the improvement in function and life's quality . Finally the social protection cause the increase in adaptation of the person with the illness, improvement in life's quality, survival's length (life time), result of professional care's improvement in financial situation, feel social consistency, facilitating self-evaluation, integration with society and fights the feeling of loneliness (Cortez & Associates 2001).

Generally the elder's asses themselves negative and unfavoura blew because of their physical status. To have social support of friends and relatives and social support network may impact on their life in emotional aspect and results to improvement in their life's quality. Although the results showed that there is a significant relation between confronting strategies and patient's life quality, means that as you increase the subjective confronting strategies. The result of Schwartz's shows that the education of confronting skills cause an increase in elder's life quality (Schwartz 1999). The results of Mac Cap's researches (2004). Shows that the elder's (specially men) in compare with the younger people rarely use confronting strategies like problem solving method and seek for social support and have lower adaptation ability in all stages. In all the performed researches the elders preferred to use subjective confronting method and rarely use excitement based methods. It seems that the elders are under influence of their age regarding the excitement's aspect, education in problem solution methods and subjective interaction either the problems and making the stresses controllable may improve the elder's life quality. The other part of the findings deals to the positive significant between tolerating and elder's life quality.

Although life's quality factors and tolerating have a positive significant

Togged and Frederickson(2014) and Carl and Chession (2014) shows in separate researches that the high levels to legating help the person to use the emotions and positive excitement in order to cross over failures and return back to the proper situation. Increase in tolerating ability cause improve in life's quality (Shine and Sikkim 2004 narrated by Karbalaie Shirifard 1385).

Since the toleration able's the person to adopt with problems and challenges then it seems if it was possible to import the elder's tolerating ability. We can help them with their life's quality. Generally the model of the research is confirmed means preceptor social support, confronting strategies and tolerating are able to predict the elder's life quality and among these the contribution of varieties like confronting strategies and social Support is more than the other varieties. As a result as much the elder's get more social support and have more abilities in toleration the problems and apply more proper confronting strategies they will have a proper life concerning physical and mental aspect. As a result educating and to give in form to the families and patient's relatives for the importance of the social support's role in elder's life and education in tolerating skills and solving this problem for the patient may have a crucial impact on elder's life quality.

References

- 1. Bahadori Khosroshahi, Jafar and Hashemi Nosrat Abad, Toraj. (2011). the relationship between hopefully and resilience with psychological Welfare in students, thinking and behavior magazine, Volume 6, No. 22, pp. 51-41
- 2. Bahari Khosroshahi, J& Hashemi Nosratabad, T (2011). The relationship of hopefulness and tolerance with psychological well-being in students. Journal of Andisheh and Raftar.22 (6), p.41-51
- 3. Conversations, Mohammad, Rostamkhani, Hussein, Abbasi, Ali and Garyaei, Egbal. (2010). Comparison studying of the effects of practice course at the water on quality of life in elderly men healthy, Journal of Research in Rehabilitation Sciences, Year. 6, No. 2, pp. 99-90.
- 4. Lee TW, KO Is, Lee KJ. (2005). Health promotion behaviors and quality of life among community-dwelling elderly in Korea. International Journal of Nursing Studies;49(2):129-137.
- 5. Nejat, Saharnaz; Montazeri, Ali; Holakouee Naeini, Kurosh, Mohammad. Kazem. And Majdzadeh, Seyed Reza. (2006). Standardization of the World Health Organization Quality of Life Questionnaire (WHOQOL-BREF). Translation and psychometric Iranian version. Journal of collage of Public Health and Institute of Health Research. Volume 4, No 4, pp. 12-10.
- 6. Newsom, J.T & Schulz, R. (1996). Social support as a mediator in the relation between functional status and quality of life in older adults. Psychology Aging 1996; 11(1): 34-44.
- 7. Nejat, S., Montazei, A., & Kazem, M" et al" (2006). Quality of life patients with multiple M.S compare with healthy people in Tehran. J of Epidemiology, Persian. Iran, 1(4), 19-24.
- 8. Motamedi A (2005). The role of life events on successful, aging. Journal of Social Sciences & Humanities of Shiraz University 2005; 22(4):189-203.
- 9. Prado, G., Feaster, J. D., Schwartz, J. S., & et al (2004). Religious involvement, coping, social support and psychological distress in HIV-seropositive African American mothers. AIDS and Behavior, 8 (3), 221-235.
- 10. Sohbatiha, M & Rostamkhani, Hossein & Abbasi, Ali & Gharaee, Eghbal (2010). Comparative analysis of the effect of exercise in water on the quality of life of the elderly men. Journal of medical science. Year6. No.2. pp.90-99
- 11. Suarez, L., Ramirez, A.G., Villarreal, R., Marti, J., Mcalister, A., & Talavera, G.A et al. (2000). Social networks and cancer screening in four U.S. Hispanic groups. Am J Prev Med, 19(1), 47-52.
- .12 Suarez, L., Ramirez, A.G., Villarreal, R., Marti, J., Mcalister, A., Talavera, G.A., & et al. (2000). Social networks and cancer screening in four U.S. Hispanic groups. Am J Prev Med, 19(1), 47-52.
- 13. Tsai,S.Y., Chi,L.Y., Lee,L.S & Chou,P.(2004). Health-related quality of life among urban, rural, and island community elderly in Taiwan. J Formos Med Assoc; 103(3): 196-204.
- 14. United Nations Population Division. (2007). New York: World Population Aging.
- 15. WHO. (2002). Kobe center, global health expectancy research among older people. Aging and health technical report series. Japans: Kobe.