

Evaluation of the Relationship of Employment and Economic Status with the Feeling of Mental Well-Being in the Elderly Living in Northern Iran

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ABSTRACT: Background and purpose: The feeling of mental well-being plays a role in mental and physical health, increased life expectancy, and sense of comfort and well-being in human beings. Moreover, quality of life along with economic and social indicators is the greatest desire and most important goal of human life. The aim of this study was to investigate the relationship of employment and economic status with the feeling of mental well-being in the elderly. Materials and Methods: In this descriptive-analytical study, 200 elderly people living in Northern Iran, in 2018 were recruited to the study through available sampling method. The data collected using the Subjective Well-Being Questionnaire were analyzed using descriptive (mean, standard deviation, and frequency) and inferential statistical tests (Pearson correlation coefficient and linear regression). The significance level was considered at $P < 0.050$. Results: The mean and standard deviation of the age of the research units was 69.00 ± 8.22 years. The results showed that the mean of psychological well-being was higher than that of other dimensions (80.00 ± 11.80), and emotional well-being had the lowest mean (37.00 ± 6.36). The Pearson correlation coefficient test did not show a significant relationship between employment and feeling of mental well-being ($P = 0.550$), but a positive and significant correlation was observed between economic status and feeling of mental well-being ($P < 0.001$). Conclusion: Due to the correlation between economic status and the feeling of mental well-being of elderly people, it is essential to consider the necessary solutions in this regard.

KEYWORDS: Employment, elderly, mental well-being, economic status.

Introduction

Aging is a process of natural changes caused by the passage of time, which is associated with the occurrence of physiological and psychological changes in the body, decreased function and independence, and increased disease, disability, and dysfunction of various organs [1].

The world's population is aging rapidly, with the proportion of the world's elderly almost doubling between 2015 and 2050, from about 12% to 22%, and it is expected to increase from 900 million to 2 billion people over 60 years of age [2].

In Iran, about 14% of the population consists of the elderly, and it is predicted that the elderly population of Iran will reach about 30% in 2051 [3].

The elderly are one of the most vulnerable groups in any society, and the need for care in this group is high [4].

Previous studies in Iran have shown that more than 80% of people over the age of 65 years have at least one chronic disease [5,6].

Moreover, they are not in a good mental health state.

In a systematic review study, the prevalence of depression in Iranian elderly population was reported as 52% [7].

Therefore, in addition to increasing the life expectancy in the elderly, how they should spend their life, and the quality of it has also attracted the attention of sociologists and health policy makers [8].

According to the World Health Organization (WHO), quality of life (QOL) is the perception of individuals about their living situation in terms of the culture and value system in which they live and their goals, expectations, standards, and priorities.

Therefore, QOL is a mental issue, cannot be seen by others, and is based on people's understanding of various aspects of life [9].

In addition, old age and physical and psychological disabilities, as well as the experience of important life events such as retirement or loss of employment, living in nursing homes, reduced income, loss of social support, and less participation in society have caused this group to become more prone to problems related to mental health and well-being [10].

In recent years, among the indicators that have been effective on the quality of life of the

elderly have been attention to mental health and well-being in general, and mental well-being in particular [11].

The feeling of mental well-being is a general concept and arises from the way a person perceives, cognitively and emotionally, the whole of life [12].

Positive emotion shows to what extent a person feels competent and alert, while negative emotion shows a general dimension of inner frustration and lack of engaging in pleasurable work [13].

The feeling of mental well-being is important in several ways; it provides mental and physical health, and increases life expectancy, proving the value of comfort and well-being in human beings, and measures the QOL index along with economic and social indicators.

In fact, the feeling of mental well-being affects people's mental health more than any other factor [14].

People with high well-being experience more positive emotions.

They have a positive evaluation of their own past and future and that of others.

People with low well-being experience more negative emotions such as anxiety and depression [15].

The results of various studies have shown that various factors such as social capital, employment, homelessness, economic status, physical exercise, and mental well-being have affect the elderly [16,17].

Therefore, economic situation has been mentioned as one of the most important factors in creating high mental well-being [18].

Research shows that elderly individuals who pay for their own living are more mentally healthy and satisfied than others.

This relationship may be due to the fact that as economic power increases, the elderly become financially deprived of the help of family members.

Moreover, financial support strengthens their hope for the future and peace of mind [19].

Another influential factor in the mental well-being of the elderly is their employment status, which has been shown to be significant in the study by Farzaneh and Alizadeh.

They found that elderly people who were self-employed had higher levels of social health and mental health than older people who did government work, or were retired, unemployed, or housewives [20].

Kim et al. also investigated the impact of employment and economic status on the mental well-being of the elderly.

The results showed that employment and good economic situation have a positive relationship with mental well-being, and this is more common among those who are employed than the unemployed [21].

Given that the results of previous researches indicate that about 15% to 25% of elderly individuals have problems in mental health issues and suffer from disorders such as depression and cognitive disorders [10,22], examining the type of relationship and the impact of factors such as economic status and employment on mental well-being seems reasonable.

The aim of the present study was to examine the relationship of employment and economic status with the feeling of mental well-being in the elderly living in Northern Iran.

Materials and Methods

This descriptive-analytical study was conducted on 200 elderly people living in Northern Iran.

The participants were selected through available sampling (From March to October 2018).

To perform sampling, the researcher visited the health centers of Gorgan and Sari in person, and recruited all elderly individuals who entered the center to receive health services and had the study inclusion criteria.

No similar study has investigated the relationship of employment and economic status with the feeling of mental well-being among the elderly in Iran.

Therefore, to determine the size of the population, first, 70 elderly people were studied in a pilot study, and the correlation coefficient between economic status and feeling of mental well-being (0.378) was obtained.

Therefore, considering the relationship between economic status and the feeling of mental well-being in the hypothesis of zero with a 95% confidence interval (CI), the test power was calculated to be 90%, and the sample size was calculated using the following formula:

$$n = \left(\frac{Z_{\alpha/2} + Z_{\beta}}{C_1 - C_2} \right)^2 + 3 = 176$$

Considering the probability of a 10% loss of participants, the number of samples was determined to be 200 individuals.

The error of the first type was considered to be 0.05.

The inclusion criteria included the age of over 60 years, and living in Gorgan and Sari (Northern Iran).

The exclusion criteria were incomplete questionnaires, known mental illness, and severe traumatic mental occurrences in the last 6 months.

The data collection tools included a demographic characteristics form (age, gender, marital status, economic status, employment status, ethnicity, and education level), and the Subjective Well-Being Questionnaire designed by Keyes and Magyar-Moe in 2003.

This questionnaire includes the three dimensions of emotional well-being (12 questions), psychological well-being (18 questions), and social well-being (15 questions) [23].

The items of the emotional well-being subscale were scored based on Likert scale ranging from 1 to 5 (not at all, a little, sometimes, most of the time, and all the time).

The minimum and maximum total scores of the subscale were 16 and 56, respectively.

It should be noted that reverse-scoring was used in all questions in the negative emotion section, except for question 5 of the Emotional Well-Being Subscale.

The value of the options (strongly disagree to strongly agree) was from 1 to 7, and the minimum score in the psychological well-being subscale was 18 with the maximum score of 126, and in the social well-being subscale, the minimum and maximum scores were as 15 and 105, respectively.

The minimum and maximum total scores of the Subjective Well-Being Questionnaire were 49 and 287, respectively.

It should be mentioned that scores between 49 and 96.5, 96.6 and 144, 144.1 and 191.6, 191.7 and 239.2, and higher than 239.3, respectively, indicate very low, low, moderate, high, and very high mental well-being.

Bavazin and Sadeghi determined the validity and reliability of the questionnaire using the internal correlation coefficient based on Cronbach's alpha for the whole questionnaire as 0.78, and for its emotional, psychological, and

social well-being subscales as 0.82, 0.77, and 0.80, respectively [15].

In this study, we assessed the validity of the questionnaire through content validity; 10 faculty members of the Nursing and Midwifery School, and elderly specialists reviewed the questionnaire and presented their perspectives.

Moreover, to assess the reliability of the questionnaire, the internal consistency coefficient was determined based on Cronbach's alpha for the whole questionnaire (0.80) and its subscales (0.86, 0.80, and 0.61, respectively).

To collect the data, the questionnaires were distributed among the eligible elderly by the researchers and brief explanations about the questionnaire, and how to complete it were given to them.

The questionnaires were collected at the same place and time by the researchers.

Data were analyzed in SPSS software (version 22; IBM Corp., Armonk, NY, USA) using descriptive (mean, standard deviation, and frequency) and inferential tests (Pearson correlation coefficient and linear regression).

All P-values of less than 0.05 were considered significant.

At the beginning of the survey, participants were assured of confidentiality and anonymity in the study, and their voluntary participation.

In order to observe ethical considerations, the researcher first explained the purpose of the research to the participants, and informed consent was obtained from them, emphasizing the principles of confidentiality of their individual identity and their voluntary participation in the research.

This article was the result of a research project (No. 110216) approved by the Student Research Committee with the ethics code IR.GOUMS.REC.1397.338 of Golestan University of Medical Sciences.

Results

All the elderly lived in their homes or with their children; none of the elderly lived in a nursing home or elderly houses.

The results showed that the minimum and maximum ages of the participants were 60 and 98 years, respectively.

The mean and standard deviation of age was 69 ± 8.22 years (Table 1).

Table 1. Distribution of absolute and relative frequency of demographic characteristics of the studied elderly.

Demographic characteristics	Absolute Frequency (Relative Frequency)	Total
	200 (%100)	
City	105 (% 47.5)	Gorgan
	95 (% 52.5)	Sari
Gender	95 (% 52.5)	Male
	105 (% 47.5)	Female
Marital status	6 (%3)	Single
	136 (% 68)	Married
	58 (%29)	Divorced/ Widow
Economic status	77 (%38.5)	Weak
	76 (%38)	Average
	47 (%23.5)	Good
Employment status	68 (%34)	Housewife
	70 (%35)	Retired
	62 (%31)	Other (Self-employment, unemployed, etc.)
Ethnicity	124 (%62)	Fars
	54 (%27)	Turk/Turkmen
	14 (%7)	Sistani/Baluch
	8 (%4)	Other
Education level	116 (%58)	No Education/Primary School
	51 (%25.5)	Diploma/Secondary School
	33 (%16.5)	Associate/Bachelor's degree and above

According to the total score obtained, it was found that the mental well-being of the elderly was moderate (Table 2).

Table 2. Mean scores in different dimensions of mental well-being in the elderly.

Domains	Mean±SD
Emotional well-being	37±6.36
Psychological well-being	80±11.80
Social well-being	60±10.18
Total	176±23.61

Furthermore, according to the result of the Pearson correlation coefficient test, it can be said that there was no significant relationship between employment and feeling of mental well-being, but a positive and significant correlation was observed between economic status and feeling of mental well-being.

In addition, the correlation between the components of psychological well-being and economic status was higher than other components of mental well-being (Table 3).

Table 3. Relationship of employment status and economic status with the feeling of mental well-being using the correlation coefficient in the studied elderly.

Domains	Employment status		Economic status	
	Pearson	P-value	Pearson	P-value
Emotional well-being	-0.063	P=0.395	0.178	P<0.001
Psychological well-being	0.065	P=0.363	0.329	P<0.001
Social well-being	0.061	P=0.394	0.064	P<0.001
Total: Mental well-being	0.042	P=0.553	0.240	P<0.001

Given that the p-value, this model was able to explain changes of the dependent variable, and according to the table, its adjusted

coefficient of determination was equal to 0.486 (Table 4).

Table 4. Relationship of employment status and economic status with the feeling of mental well-being using linear regression in the elderly.

Variable	Not standardized coefficients		Standardized coefficients	t	p-value	Test statistics
	B	St. Error	Beta			
Constant value	162.996	4.243		38.410	0.000	r=0.421 Adjusted 0.486 R= R square=0.584 P=0.003*
Employment status	0.105	0.643	0.011	0.164	0.870	
Economic status	6.749	1.969	239.	3.427	0.001	

The results showed that there was a significant relationship between economic status and the sense of mental well-being of the elderly (P=0.001).

In other words, for one unit increase in the variable of economic status, the average of mental well-being increased by 6.74 units.

However, there was no significant relationship between employment and the feeling of mental well-being of the elderly (P=0.870).

Discussion

The aim of this study was to determine the relationship of employment and economic status with the feeling of mental well-being in the elderly.

According to the results of this study, the sense of mental well-being of the elderly was found to be at a moderate level.

The mean score of psychological well-being was higher than the other dimensions, and emotional well-being had the lowest mean.

There was also a significant relationship between mental well-being and economic status in the elderly.

However, there was no significant relationship between employment and the feeling of mental well-being of the elderly.

Today, research on mental well-being is growing.

Mental well-being leads to people's personal evaluation and understanding of their QOL.

It seems that with age, it is important to pay attention to mental well-being and its dimensions, as well as their relationship with the most important life events in old age.

Mental health and well-being problems may affect the elderly more than others.

As a result, one of the most appropriate ways to reduce the problems associated with aging is to increase the sense of mental well-being in this vulnerable segment of society.

The study by Sadri Demirchi et al. in elderly men in Ardabil, Iran, showed that, in the experimental group, the mean of psychological well-being before and after the test was higher than other dimensions, and emotional well-being had the lowest mean [10].

In the study by Farhadi et al. on the prediction of mental well-being of the elderly in Shiraz, Iran, the average of psychological well-being was higher than other dimensions, and emotional well-being had the lowest average [24], which is in line with the present study.

However, the results of the present study are not in line with the results of the study by Banisi, which showed that the mental well-being of the elderly was low [25].

Perhaps the reason for this discrepancy is the selection of the participants; elderly women were assessed in terms of mental well-being, and 60 of them who received the lowest scores in the Subjective Well-being Questionnaire were included in the study.

This was not the case in other studies.

Other results of the study showed a significant relationship between economic status and the feeling of mental health among the elderly, which is consistent with the findings of Navarro-Carrillo et al. [26] in relation to the existence of a significant relationship between economic status and mental health of adults in Spain.

Kong et al. showed that socioeconomic status had a positive effect on the mental well-being of Chinese elderly individuals, and this effect was slightly stronger in elderly men [27].

Kim et al. reported that employment and economic status had a positive relationship with the sense of mental well-being of Korean immigrant elderly in Los Angeles [21].

Zhou et al. illustrated that there was a significant relationship between social and economic factors, and well-being.

They evaluated the mentality of independent rural elderly in China [28].

The results of the studies by Shoja et al. [29], and Farzaneh and Alizadeh [20] were also in line with these findings; elderly individuals with lower economic status had lower welfare.

Economic hardships and livelihood problems are factors that affect people's mental well-being.

In this regard, elderly people are exposed to more mental and emotional pressures, and the confrontation between them and people around them increases.

Poverty and social deprivations are the biggest obstacles to comfort and security in the elderly [30].

On the other hand, with the gradual loss of physical and mental health, their need for health services increases, and it seems that a good economic situation guarantees their easy use of health and health services.

Another result of this study was the lack of a significant relationship between employment and the feeling of mental well-being of the elderly.

Nevertheless, Kong et al. found a significant relationship between employment and mental health of the elderly in China [27].

Moreover, Kim et al. [21] and Abolhasani and Bastani [31] reported a significant relationship between employment with mental well-being and life satisfaction of the elderly who referred to West Tehran Health Center, Iran.

Farzaneh and Alizadeh [20] and Zahmatkeshan et al. [32] studied the QOL of the elderly in Bushehr, Iran, and their findings were contradictory.

Perhaps one of the reasons for the difference in results was that, unlike similar studies, the present study found that about 65% of the elderly participating in the study were housewives, unemployed, or self-employed, and they were less likely to experience life crises due to adaptation to their role throughout life.

Their experience and their social health had been the same in almost all stages of their life.

When an individual retires, there is a period in which the person loses his/her former social role and enters a new phase of life that has social, psychological, and economic consequences in terms of work experience and their previous standard of living.

Another reason for the difference in results may be the way of life of the elderly in Northern provinces of Iran, where most of the elderly live with their families and enjoy their support.

As a result, their employment concerns will be reduced in old age.

The most important limitations of this study were the use of self-report questionnaires and sampling in only two cities in the two Northern provinces of Iran.

Furthermore, participants were not recruited randomly, and therefore, the generalizability of the study is limited.

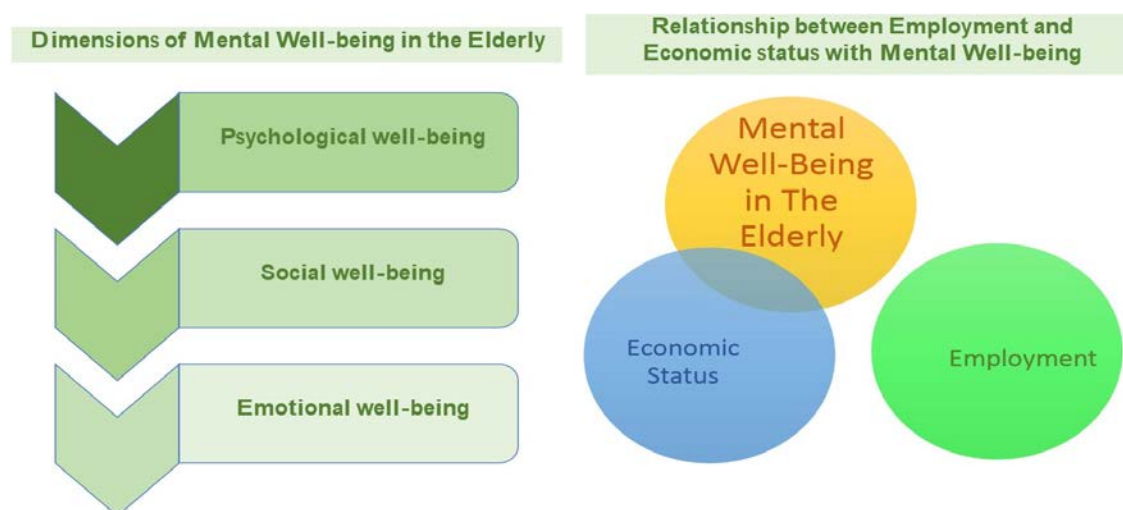


Figure 1. The mean of psychological well-being was higher than that of other dimensions, and emotional well-being had the lowest mean. According to the result of the Pearson correlation coefficient test, there was no significant relationship between employment and feeling of mental well-being, but a positive and significant correlation was observed between economic status and feeling of mental well-being.

Conclusion

The results of this study showed that the feeling of mental well-being of the elderly is at a moderate level.

The mean of psychological well-being was higher than that of other dimensions, and emotional well-being had the lowest mean.

There was a significant relationship between mental well-being and economic status in the elderly.

However, there was no significant relationship between employment and the feeling of mental well-being of the elderly.

The results of the present study can be used as a guide for training nurses to act on their mission to improve and promote mental health and mental well-being of the elderly.

It is also possible to help the elderly improve and promote their sense of mental well-being by educating, supporting, and guiding them in the right direction.

Therefore, attention to this issue in the policies and plans of the responsible organizations and consideration of the necessary measures to improve the economic situation of the elderly by creating employment and paying them appropriately are necessary.

It is suggested that in future researches, greater attention be paid to the variables affecting the mental well-being of the elderly in Iran.

Ethics Journalism considerations

Ethical issues (Including plagiarism, informed consent, misconduct, data fabrication and/or falsifications, double publication and/or submission, redundancy, etc.) have been completely observed by the authors.

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Conflict of interest

The authors declare that there are no conflicts of interest.

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