

Self Perception of Community Dwelling Elderly toward Aging in Shubra El Khima City

Ahmed K Mortagy *,Hoda I Fahim #,Tamer MFarid *, Ekramy E Abdul Rahman *,Asmaa F Abdellah *.

*Geriatrics and Gerontology department, # Community department; Faculty of Medicine, Ain shams university, Cairo, Egypt

Correspondance:

Asmaa F AbdellahMScGeriatris and Gerontolgydepartment, Faculty of Medicine, Ain shams university,Abbasia , Cairo , Egypt.Email:dr.asmaa.fathy@hotmail.com Tel. 01221485627

Abstract

Background: Elderly with positive self-perception of aging tend to engage in additional health behaviors related to prevention and report better functional health and live longer.

Objectives: The aim of the study is to assess the self-image of community dwelling elderly toward aging in shubra el khima city.

Design: A cross sectional study.

Participants: Four Hundred of community dwelling elderly. **Settings:** shubra el khima city.

Measurements: Minimental status examination (MMSE-30), Geriatric Depression scale (GDS-15), Direct interview by researcher to fulfill a structured battery of questionnaire formed of several subscales from seven different questionnaires investigating self perception of aging by participating individual:Age Stereotypes Scale, Quality of Life Scale, Satisfaction with Life Scale (SWLS), Positive and Negative Affect Schedule (PANAS), Lawton's Philadelphia Geriatric Center (PGC) Morale Scale, Subjective Age Scale, Ryff'sPsychological Well Being Scales.

Results: Older people feel younger than they actually are generally are satisfied with their aging, have high levels of positive affect and low level of negative affect and have higher morale, have positive age stereotype, have positive self-acceptance (good psychological well-being) and positive purpose in life. The three most important things for a good quality of life among studied participants were in order: good health followed by having good pension and good relationship with family members or friends.

Conclusion: elderly in shubra el khima city have positive self-perception of aging.

Keywords:self perception of aging- elderly-age stereotype-quality of life-PANAS-morale-psychological well being.

Introduction:

Aging is a part of the life span developmental process of humans, it is a constant process of change, beginning at birth and ending at death, the process involves biological, psychological and social influences, all of which are interrelated.

"Self-perceptions of aging refer to how old people feel about themselves and see themselves in relation to others" (1).

Elderly with positive self-perception of aging tend to engage in additional health behaviors related to prevention (2) and report better functional health (3)and live longer(4). "Positive changes in society's view of aging may also help to reduce and prevent age-related declines in function and the associated deleterious consequences" (5).

Elderly with the more positive attitudes toward aging lived 7.5 year longer than those with negative attitudes. "The effect of more positive self-perceptions of aging on survival is greater than the physiological measures of low systolic blood pressure and cholesterol, each of which is associated with a longer lifespan of four years or less".(4).

Older adults with low expectations for aging are more likely to report sedentary lifestyles and less likely to report seeking health care for age-associated conditions. Based on this evidence and the possibility that older adults might be able to change their beliefs about aging and influence health outcomes, there is substantial interest within the multidisciplinary gerantological community in gaining an

understanding of whether and how beliefs about aging influence health (6).

Elderly are those who are considered to be retired or unemployed. Their physical and mental conditions are rapidly changing. They experience many health problems as the result of deteriorating health. Consequently, the health-care team needs to focus on the elderly perception of health, self-image, and health care provided. Understanding the nature of aging will enhance the elderly's health, such that they will perform self-care and live a more enjoyable life.

(7)

Methodology:

Study design:

A cross sectional study conducted to assess self-perception of community dwelling elderly toward aging.

Selection of Subjects

Sample size: Four Hundred of community dwelling elderly involved in this study.

Selection of subjects:

- Aged 60 years or more.
- Egyptian nationality and birth.

Exclusion:

- Refusal of participation.
- Cognitive impairing communication and giving reliable response to interview.
- Depression.
- **Assessment:**

The following procedures done for all subjects:

1. Informed consent.
2. Minimental status examination (MMSE-30). (8)

3. Geriatric Depression scale (GDS-15). (9)

4. Direct interview by researcher to fulfill a structured battery of questionnaire formed of several subscales from seven different questionnaires investigating self perception of aging by participating individual:

Age Stereotypes Scale :(10).

Quality of Life Scale: (11).

Satisfaction with Life Scale (SWLS): (12).

Positive and Negative Affect Schedule (PANAS): (13).

Lawton's Philadelphia Geriatric Center (PGC) Morale Scale: (14).

Subjective Age Scale: (15).

- Ryff's Psychological Well Being Scales: (16).

• **Statistical Analysis:**

- The data was collected, coded and entered to a personal computer (P.C.) IBM compatible 2.6 GHZ. The data was analyzed with the program (SPSS) statistical package for social science under windows version 11.0.1.

Qualitative data was summarized by calculation of number and percentages while quantitative data was summarized by calculation of mean and standard deviation.

The statistical test used in this thesis is:

-Student t test:

$$t = \frac{X1 - X2}{\sqrt{\frac{(SD1)^2 + (SD2)^2}{n1 + n2}}}$$

where X1= the mean of the first group, X2= the mean of the second group

SD1= standard deviation of the first group, SD2 = Standard deviation of the second group, n1= number of cases in the first group, n2= number of cases in the second group.

Results:

Older people feel younger than they actually are (Tab1) generally are satisfied with their aging (Tab2), have high levels of positive affect and low level of negative affect (Tab3) and have higher morale (Tab2), have positive age stereotype (Tab4a,4b), have positive self-acceptance (good psychological well-being) and positive purpose in life (Tab5). The three most important things for a good quality of life among studied participants were in order: good health 81.5% followed by having good pension 64.3% and good relationship with family members or friends 44.5 %.(Tab6).

Discussion

The result in current study shows that participants who felt like they're younger than they are, had higher morale and life satisfaction than those that feel same age or older and the difference is highly significant statistically. Our result agrees with the study of (Kleinspehn et al.) (17) who reported that People generally felt quite a bit younger than they actually were, and they also showed relatively high levels of satisfaction with aging , also agrees with the study of (Uotinen et al.) (18) who reported that elderly who feeling 'older than their age' had more diseases, a poorer self-rated health, a lower

cognitive status score, and a higher depression score compared with people in the other perceived age categories. While with lower subjective age are healthier, have higher morale and evaluate their mental and physical status more favorably than their counterparts with a higher subjective age.

The result in current study shows that participants with younger subjective age had higher positive affect and lower negative affect compared to those with same or older subjective age. Our result agree with other study **Westerhof et al. (19)** who reported that feeling younger than one's actual age is related to higher levels of life satisfaction and positive affect and to lower levels of negative affect, Our result agrees with other studies (**Baltes et al. (20)** and (**Kruse et al. (21)**) who found that old age is a phase of life characterized by preserved capability, valued experiences, freedom from external obligations and subjective well-being". The result in current study shows that the three most important things for a good quality of life among studied participants were in order: good health followed by having good pension and good relationship with family members or friends, Our result agrees with the study of (**Netuveli et al. (22)**) who reported that factors enhancing the quality of life were having good social relationships with children, family, friends and neighbours; neighbourhood social capital represented by good relationships with neighbours, good health; financial security which brought enjoyment as well as empowerment and having not depend on others.

Acknowledgment

All authors contributed to the work and there are no areas of conflict. No sponsors to the work.

References:

- 1-Denmark FL(2002):**Myths of aging published by Psi Chi, The National Honor Society in Psychology Fall.,7(1):14-21.
- 2- Levy BR and Myers LM (2004):** Preventive health behaviors influenced by self-perceptions of aging. Preventive Medicine:An International Journal Devoted to Practice and Theory;39(3):625-29.
- 3-Levy BR and Slade MD (2002):** Longevity Increased by Positive Self-Perceptions of Aging.Journal of Personality and Social Psychology; 83(2):261-70.
- 4-Levy BR, Slade MD and Kasl SV (2002):** Longitudinal Benefit of Positive Self-Perceptions of Aging on Functional Health.The Journals of Gerontology Series B: Psychological Sciences and Social Sciences; 57:409-17.
- 5- Hausdorff J, Levy B and Wei J (1999):** The power of ageism on physical function of older persons: Reversibility of age-related gait changes. Journal of the American Geriatrics Society, 47(11), 1346-49.
- 6-SarkisianCA, Shunkwiler SM and Aguilar I (2006):** Ethnic differences in expectations for aging among older adults. J Am Geriatric Soc., 54(8):1277-82.
- 7-Jamjan L and Maliwan, et al. (2002):**Self-Image of Aging: A Method for Health Promotion. Nursing and Health Sciences , 4(3):A6-A6 (1).
- 8-El-Okli MA, El Banouby MH and El EtrebiA (2002):** Prevalence of Alzheimer dementia and other causes of dementia in Egyptian elderly. MD Thesis, Faculty of Medicine, Ain Shams University.
- 9-11.Sheikh JA and YesavageJA (1986):** Recent findings and development of a shorter version. In BrinnTL(ed).Clinical gerontology: A guide to assessment and intervention . New York, Hawarth Press.
- 10-Kruse A and Schmitt E (2006):** .A multidimensional scale for the measurement of agreement with age stereotypes and the salience of age in social interaction.Ageing and Society. Cambridge University Press; 26(3):393-411.
- 11- Fernandez-Ballesteros R (1998):** Quality of Life: Concept and Assessment. In Adair J, Belanger D and Dion K (eds.): Advances in Psychological Science. Sussex, UK: Psychology ; Vol. 1.
- 12-Diener E and Pavot (1993):** Review of Satisfaction with life scale. Psychological Assessment. Vol 5(2), 164-172
- 13- Watson D, Clark LA and Tellegen A. (1988):** Development and validation of brief measures of positive and negative affect: The PANAS scales. Journal of Personality and Social Psychology ; 54(6):1063-70.
- 14- Lawton MP. (1975):** The Philadelphia Geriatric Center Morale Scale: A revision. Journal of Gerontology , 30:85-89.
- 15-Kastenbaum R, Derbin V and Sabatini P. (1972):**"The ages of me": Toward personal and interpersonal definitions of functional aging. International Journal of Aging and Human Development ; 3:197-211.
- 16-RyffC (1989):** .Beyond Ponce de Leon and life satisfaction: New directions in quest of successful aging.International Journal of Behavioural Development ;12:35-55.
- 17- Kleinspehn-A A, Kotter-G D and Smith J (2008):**..Self-Perceptions of Aging: Do Subjective

Age and Satisfaction with Aging Change during Old Age? The Journals of Gerontology Series B: Psychological Sciences and Social Sciences ;63:377-85.

18- Uotinen V, Rantanen T and Suutama T. (2005): Perceived age as a predictor of old age mortality: a 13-year prospective study. Age Ageing ; 34(4):368-72.

19- Westerhof GJ and Barrett AE.(2005):Age Identity and Subjective Well-Being: A Comparison of the United States and Germany. The Journals of Gerontology Series B: Psychological Sciences and Social Sciences ; 60:129-36.

20- Baltes PB and Smith J.(2003): New frontiers in the psychology of aging: from the successful aging of the young old to the dilemmas of the fourth age. Gerontology ;49:123-35.

21- Kruse A and Schmitt E.(2006): A multidimensional scale for the measurement of agreement with age stereotypes and the salience of age in social interaction.Ageing and Society. Cambridge University Press ;26(3):393-411.

22- Netuveli G and Blane D.(2008): Quality of life in older ages. Oxford Medicine, British Medical Bulletin ;85(1):113-26.

Tab (1):Self-perception of age in elderly:

	No.	%
Biological age(intrinsic self-image)		
Feels younger	271	67.8
Same or older	129	32.3
Subjective age(extrinsic self-image)		
Younger	286	71.5
Same or older	114	28.5
Functional age (Self evaluated performance)		
Younger	289	72.3
Same or older	111	27.8
Functional age (others evaluated performance)		
Younger	238	59.5
Same or older	162	40.5

Tab (2): Comparison between the two groups of subjective age and the mean percentage of scores of total life satisfaction and morale Philadelphia scale score:

Subjective age	Younger N=286 Mean SD	Same or older N=114 Mean SD	t	P
Morale score	58.6 30.3	36.8 25.5	6.7	0.000**
Total life satisfaction	73.0 18.7	67.2 21.1	2.6	0.007**

**P<0.01 highly significant

Table (3): Comparison between the two groups of subjective age and the mean percentage of scores PANAS.

Subjective age	Younger N=286 Mean SD	Same or older N=114 Mean SD	t	P
Positive affect	71.7 17.1	59.6 19.6	6.0	0.000**
Negative affect	44.0 18.9	53.2 16.3	4.5	0.000**

**P<0.01 highly significant

Table (4a): Multidimensional scale of measurement of agreement with age stereotypes and the salience of age:

N=400	Completely disagree		Somewhat disagree		Somewhat Agree		Completely agree	
	No.	%	No.	%	No.	%	No.	%
Developmental gains and potentials of development								
Prime life of time is over	189	47.3	66	16.5	89	22.3	56	14.0
Old equally active as younger people	145	36.3	144	36.0	74	18.5	37	9.3
Old age is a very nice time of life	77	19.3	72	18.0	140	35.0	111	27.8
Old people have more inner calmness than young	68	17.0	77	19.3	123	30.8	132	33.0
Older people make a lot out of their lives	85	21.3	71	17.8	112	28.0	132	33.0
Development losses and risks of development								
Older people are often depressed	166	41.5	71	17.8	117	29.3	46	11.5
Older people feel lonely	106	26.5	79	19.8	121	30.3	94	23.5
Less able to make decision by themselves	148	37.0	83	20.8	122	30.5	47	11.8
In old age people have become senile	26	6.5	54	13.5	162	40.5	158	39.5
Attach little value to their outward appearance	96	24.0	152	38.0	96	24.0	56	14.0
Lost contact to the present	43	10.8	118	29.5	163	40.8	76	19.0
Social downgrading of older people								
Excluded from many sectors of public life	141	35.3	92	23.0	110	27.5	57	14.3
After end of working life, one is considered worthless	153	38.3	60	15.0	92	23.0	95	23.8
Achievement of older people not appreciated by society	104	26.0	92	23.0	147	36.8	57	14.3

Table (4b): Continued multidimensional scale of measurement of agreement with age stereotypes and the salience of age:

N=400	Completely disagree No. %	Somewhat disagree No. %	Somewhat Agree No. %	Completely agree No. %
Age salience				
Always mention his chronological age	18345.8	9022.5	8922.3	389.5
Involved with foreign people. Helpful to know how old	21353.3	7218.0	7619	399.8
What I expect from others depend on their age	20350.8	8120.3	8120.3	358.8
Getting to know other people o ask them how old are they	26566.3	7619.0	399.8	205.0
How my friends treat me depend o my age	19448.5	8822.0	8020.0	389.5
Older people as a burden on society				
Care for older people is no longer reasonable by younger people	11228.0	8120.3	11829.5	8922.3
Older people are expensive for public budget	22355.8	5413.5	7518.8	4812.0
Most older people expect much from members of their family	7819.5	7619.0	12932.3	11729.3
Growing proportion of older people undermine economic competitiveness	21253.0	5914.8	9423.5	358.8
Growing proportion of old causes many problems	22255.6	5914.8	8521.3	348.5

Table (5): Ryff's psychological well-being scale.

N=400	1 %	2 %	3 %	4 %	5 %	6 %
Self acceptance						
Many of people that I know have more out of their lives	34.8	20.8	19.8	8.8	11.0	5.0
I wouldn't want to change the past	7.5	13.8	15.0	13.0	16.0	34.0
Made some mistakes but all worked for the best	11.5	13.3	14.3	16.8	16.8	27.5
Feel disappointed about my achievements in life	33.0	16.8	15.5	14.8	11.5	8.5
My attitude about myself is not as positive as most people feel	46.0	14.5	11.0	10.0	12.0	6.5
Compared to others it make me feel good about who I am	3.0	9.5	13.8	13.0	13.3	47.5
I feel confident and positive about myself	3.0	5.5	11.8	15.0	14.5	50.3
Purpose in life						
I tend to focus on the present, future brings me problems	18.8	14.8	10.8	17.5	19.5	18.8
My daily activities seems trivial	47.3	12.5	9.8	14.0	8.8	7.8
I don't have a good sense of what I am trying to accomplish in life	36.3	9.0	13.0	14.0	12.5	15.3
I used to set goals for myself, but that now seem waste of time	33.8	11.0	15.0	11.8	12.5	16.0
I am an active person in carrying out plans I set for myself	7.8	10.5	14.0	19.0	13.0	35.8
Sometimes I feel I have done all there is to do in life	12.0	12.3	15.0	14.0	19.3	27.3
I enjoy making plans for the future and working to make them reality	16.5	11.5	12.0	19.8	13.5	26.8

Table (6): Distribution of the three most important things for good quality of life as viewed by the interviewed participants:

N=400	No.	%
Good health	326	81.5
To be independent	31	7.8
Have good pension or income	256	64.3
Good relationship with family members or friends	178	44.5
To be active	100	25.0
Have health and social services available	120	30.0
Have comfortable house	60	15.0
Feel satisfied with life	119	29.8
Have opportunities for learning	9	2.3