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**STUDY OF RELATIONSHIP SOCIAL PROTECTION AND WAYS TO DEAL WITH  
STRESS WITH QUALITY OF LIFE IN THE ELDERLY LIVING IN NURSING  
HOMES WITH THE ELDERLY AT HOME**

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**ABSTRACT**

This study In order to Study of Relationship Social Protection And ways to deal with stress With Quality of life In the elderly living in nursing homes with the elderly at home It has been done. This study is causal-comparative. The study population consisted of 80 elderly people in the city that the elderly living at home and 60 were elderly people living in nursing homes, which were selected by convenience sampling. The samples were matched for age and sex. To collect data from social support questionnaire (SSQ), Parker and Endler ways to deal with stress, quality of life (100 WHOQ), were used. Data using descriptive statistics and t-test and chi-square test were analyzed. The findings suggest that in terms of social support and ways of coping and quality of life between the two groups there was a significant difference then it was shown that social support and coping style can predict the quality of life. In line with the results of this study suggest that family education sessions to enhance and strengthen the relationship between children and the elderly, the elderly in the exercise group Educational and rehabilitation programs for the elderly could be more support in relation to the elderly to social support, stress and improve quality of life.

**Keywords: social support, coping style, quality of life, the elderly, nursing homes,  
elderly living at home**

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## INTRODUCTION

Since aging cannot stop the aging process that all living creatures, including bio man takes in. Human life expectancy is one of the important achievements during the twentieth century respectively. Population aging is a world with high speed and top each elderly in most countries have had to become more widespread. Age is not a disease, but a critical phenomenon in which the physiological and psychological changes occur in the body. Although aging is not a pathological condition, but full activity physical and mental limits, physical activity, psychological, socio-economic and cultural impacts. Health promotion and increase of living in the present age has created many challenges. Increased life expectancy and an aging population is one of the achievements of the twenty-first century. Social support is a concept that in the literature dimorphic emotional support and advocacy tool, various research activities has demonstrated the usefulness of this distinction. (Roque and Itvat, 1999) can create a kind of emotional support intimate and loving relationship is with the elderly and support services, assistance in activities of money and other assistance to the elderly is placed. Social support can be emotional support, information and a tool. Emotional support includes love and love is patient and respect him, help tangible commodities or services as well as support

and information tool called intelligent people in times of physical and mental stress support say the information (Eschafer, 2004). The usefulness of social support among women and men are different. Men more than women benefit from social protection. As well as social support for older people with limited physical abilities show more, more efficiently. Social support to seniors who have poorer health, more impact and for seniors who have little income and are exposed to health threats such as inappropriate or unsafe conditions, family, neighbors and poor nutrition are crimes, support Social little could be more effective and useful (Mo'tamedi Shalamzari and colleagues quoted from Robert and House, 1996), social .hmayt multidimensional concept that it can be provided as a resource by others, as a means to cope with stress or a defined exchange of resources (Schultz and Schultz, 2004). Stress and mental pressures of modern life that is very complex and fraught with difficulties and different stressors and can have negative effects on people's health. These factors reduce seniors who adaptation of pathological lesions may be large. It also seems that stress through negative emotions, endanger the well-being of different directions and can thus affect life satisfaction in them. (Farahani, Shekari,

Ground and Daneshpur, 2008). Positive or negative assessment of the characteristics of life's quality of life and overall satisfaction with their lives defined. The concept of individual views about the perceived difference between what should be and what it shows and although the quality of life encompasses many dimensions, including physical health, mental status, independence and social interactions, beliefs and environmental interactions. According to the special needs could easily threaten the quality of life in this period and were therefore given the underlying factors affecting the quality of life has the potential importance of old age (Bond, 2000). Therefore, this study aimed to investigate the relationship between social support, coping style and quality of life in nursing homes for the elderly and the elderly living at home can be done.

### Research projects

The plan of the events in which the researcher to evaluate and compare the explanation is obtained.

In this study of causal-comparative method is used.

### Statistical population

Statistical population of all elderly people in nursing homes and the elderly living at home live in the Shiraz.

### Sample size and sampling method

The sample in this study consisted of 140 older people aged more than 60 years, 60 people in nursing homes and 80 elderly people living in the home. In this study, two groups are (1) the elderly in nursing homes for the elderly living at home (2). Sampling in this study about the elderly in nursing homes for example, making available is selected. That by visiting nursing homes and their ability to respond to the questions, the questionnaire was given to them. Also, in the case of the elderly living at home Visit the center and questionnaires seniors who come to the center every Monday, and programs that were offered were selected. That by visiting nursing homes and their ability to respond to the questions, the questionnaire was given to them. Also, in the case of the elderly living at home Visit the center and questionnaires seniors who come to the center every Monday, and programs that were offered to them, were selected.

### Research Tools

- 1: Social Support Questionnaire (ASQ)
- 2: Questionnaire ways to deal with stress
- 3: Quality of Life Questionnaire

### RESULTS

Table 1: Distribution of respondents by sex

Sum		Female		Man		Group
Percent	Number	Percent	Number	Percent	Number	
56/5	80	51/3	40	48/7	40	Living at home
43/5	60	50	30	50	30	
100	140	50/7	70	49/3	68	Living in nursing homes

$\chi^2=0/02$

d.f=1

sig=/35

Table 2: Distribution of respondents by age into two groups

Sum		Living in nursing homes		Living at home		Age Groups
Percent	Number	Percent	Number	Percent	Number	
3/6	5	8/3	5	-	-	62-64
45/7	64	33/3	20	55	44	65-69
25/8	36	26/7	16	25	20	70-74
16/4	23	21/7	13	12/4	10	75-79
7/1	10	8/3	5	6/3	5	80-94
1/4	2	1/7	1	1/3	1	Unanswered
100	140	50/7	60	49/3	80	Sum

Table 3: Test significant age difference between the two groups

level of significance	Degree of freedom	T Value	SD	mean	Number	Group
0/21	136	-1/25	5/99 6/16	70/4 71/7	80 60	Elderly home

Table 4: Distribution of respondents according to marital status in two groups

Sum		Other		Single		Married		Group
Percent	Number	Percent	Number	Percent	Number	Percent	Number	
61/7	71	2/8	2	8/5	6	88/7	63	Elderly home
38/3	44	2/3	1	2/3	1	95/5	42	
100	115	2/6	3	6/1	7	90/4	105	Elderly nursing home residents

$\chi^2=2/5$        $d.f=2$        $sig=0/47$

Table 5: Distribution of respondents according to the employment situation in the two groups

Addition		Housewives		Private sector		Retired state		Group
Percent	Number	Percent	Number	Percent	Number	Percent	Number	
59/9	76	36/8	28	14/5	11	48/7	37	Elderly home
44/1	60	26/7	16	11/7	7	61/6	37	
100	136	32/4	44	13/2	18	54/4	74	Elderly nursing home residents

$\chi^2=2/3$        $d.f=2$        $sig=0/31$

First hypothesis: social support for elderly people in nursing homes and at home were different.

Table 6: significant test score difference between the two groups of respondents of the whole of social protection

level of significance	Degree of freedom	T value	SD	mean	Number	Group
0/03	137	2/16	4/2 3/6	17/7 16/2	80 60	Elderly home

The second hypothesis: ways to deal with stress in elderly nursing home with elderly people at home is different.

Table 7: Significant differences in mean response of the whole test methods to deal with stress in the studied groups

Level Significantly	Degree of freedom	T value	SD	mean	Number	Group
0/04	128	2/03	16/5 12/6	92/5 87	79 51	Elderly home

The third hypothesis: the quality of life of elderly people in nursing homes and at home was different.

Table 8: significant test score difference between the two groups of respondents of the whole quality of life

Level Significantly	Degree of freedom	T value	SD	mean	Number	Group
0/000	135	4/04	13/97 83/9	92/3 83/9	80 57	Elderly home elderly living in nursing homes

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## CONCLUSIONS

### The first hypothesis

Social protection of the elderly in care homes with nursing home residents is significant. The results showed that the elderly in nursing homes and elderly at home there are significant differences in terms of social protection. This finding suggests that the elderly in a nursing home to nursing homes have more social support the religion of Din Claudi and Wood (1990), Kobzatsky (2000), Janovis (2004) are in line.

To explain these findings can be explained Lang and Karsestens (1994) The socio-emotional selectivity theory, social interaction in late adolescence, suddenly does not decline, but the usual selection process continues in old age, contact with family and old friends to age 80 continue And gradually in favor of a few very close relations, decreased. In contrast, contacts with family and social relationships tend to networks, from middle to late adulthood sharply reduced. The elderly prefer partner's enjoyable and valuable relationship with them and have, according to (Kaplan, Kesel and Gori, Totis, 1988, quoted Ebrahimi, 1992).

### The second hypothesis

Coping with stress in older people living in care homes with nursing home is different.

The results showed that elderly nursing home with elderly people at home, there are

significant differences in terms of approach, stress these findings suggest that the way to deal with stress in the elderly living at home is better for the elderly in nursing homes. Stress and mental pressures of modern life that is very complex and fraught with problems and stress relief are different and can have negative effects on people's health. This adaptation of the elders who reduced it can because pathological lesions are extensive. Anxiety and stress, old age is a common problem, because the time is full of lack and disability in the elderly due to decreased expression of confidence, lack of activity and stimulation of losing friends and relatives, loss of independence and material health and chronic disease are more prone to depression and stress. Social support mental and physical benefits for those with stressful events, physical, mental and social encounters. There is overwhelming evidence shows that social support plays an important role in the health of a society (Alipur, 2009). Labovi - Whiff believes the elderly and those who are mentally mature, more aware of their feelings. As a result of thinking about life experiences and the use of coping strategies that are full of emotional awareness, emotional reaction to describe more complex.

### Hypothesis

Quality of life of elderly people in nursing homes and at home was different.

The results showed that elderly nursing home with elderly people at home, there are significant differences in terms of quality of life. These findings suggest that nursing homes are worse quality of life than the elderly living at home. The results of the research findings Hesamzadeh (2009), Qasemi (2010) are in line. Since the quality of life in old age could be easily threatened, taking into account the underlying factors affecting the quality of life of its potential importance. Quality of life is affected by the physical function, self-care, depression and anxiety, social functioning, cognitive and their life satisfaction (Hanavko, Okamura, 2004). The elderly living at home can feel better in terms of mental and problems in their daily activities to seniors living in nursing homes The elderly living at home can feel better in terms of mental and problems in their daily activities to seniors living in nursing homes And, no doubt, in terms of social networking, more development and more satisfaction in terms of social relevance show (Fernandez-Ballesteros, 1994).

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