## **Research Paper**





## Opinions and Experiences of National Iranian Oil Company Retirees on Psychological Wellbeing: A Grounded Theory Approach

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### **ABSTRACT**

**Objective:** Mental health refers to emotional balance and social adjustment, feeling comfortable, the absence of mental illness, the integration of personality, and the knowledge of self and the environment. This study aimed to investigate the opinions and experiences of Iranian Oil Company retirees about psychological wellbeing.

**Methods:** This qualitative study was conducted using the grounded theory approach. The participants in this study were 15 retired senior managers of the National Iranian Oil Company in Tehran who were selected through purposive sampling based on the theoretical saturation criterion in 2021. The data were collected through semi-structured interviews and were analyzed using Corbin and Strauss method (1998).

**Results:** Data analysis revealed three selective codes, 11 axial codes, and 67 open codes. The selective codes include self-coherence and the balance between life needs and satisfaction with the current situation, contextual factors promoting psychological health in older adults, and the process of achieving psychological health and wellbeing in older adults.

**Conclusion:** The insights from present research can be used for developing and implementing therapeutic and educational models for elders and recognizing retirement concerns. In addition, understanding the opinions and experiences of the psychological wellbeing of elders helps the healthcare system and social welfare professionals to realize the retirees' psychological needs.

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### **Highlights**

- Psychological wellbeing is defined as a person's emotional, social, and personal balance and social adjustment. Mental health, especially in older adults, needs to be understood because of the rapid changes that these people face in daily life.
- To find a better understanding of the psychological wellbeing of older adult's time after retirement, realizing their opinions and experiences and how they adjust to life is essential.
- The present study indicates that self-coherence and the balance between life needs and satisfaction of the current situation, contextual factors promoting psychological health in older adults, and the process of achieving psychological health and wellbeing are defining in the wellbeing of aging people.

### **Plain Language Summary**

Causal factors such as family, community, culture, individual abilities, and characteristics lead to a sense of efficiency and usefulness in society and family, which contribute to comfort and peace of mind in older adults. An effective strategy is to provide a suitable context for other people, especially the younger ones, to benefit from the abilities and expertise of older managers, to help older adults participate in social gatherings and meetings, and to solve medical and insurance problems these people face. Underlying factors such as religiosity, spirituality, specific family conditions, and childhood experiences contribute to developing strategies to promote psychological health. Doing a job and legal security in old age is one of the important and special factors that can promote the physical and mental health of older adults. Mediating factors such as satisfaction with occupational and professional performance, attitudes toward others and life, and having value and purpose in life can contribute to promoting psychological health.

### 1. Introduction



ental health refers to emotional balance and social adjustment, comfort, the absence of mental illness, personality integration, and the knowledge of self and the environment (Belo et al. 2020). Aging is a biological and inevitable phenomenon and indicates the

accumulation of changes in a person over time (Değer, et al., 2019). These changes include physical, psychological, and social aspects of a person's life (Ghosh & Dinda, 2020; Patrick et al., 2020). Although the elderly population reflects general health, they encounter the challenge of maintaining the quality of life, functional capacity, and social participation (Martina et al. 2018). Older adults are vulnerable to mental disorders and physical and mental health challenges (WHO, 2017). According to the World Health Organization (WHO), more than 20% of the Iranian population will be elderly by 2030. The rapid increase in the number of elderly people in relation to the general population in recent years, the socalled "graying" of the world, is the result of the "demographic transition" process (Khodabakhshi-Koolaee & Froozani, 2018; Khodabakhshi-Koolaee et al., 2022).

The incidence of mental disorders, mostly depression and anxiety, is increasing in old people (de Oliveira et al., 2019). The World Health Organization (WHO) estimates that approximately one out of ten of the elderly suffers from depression, and this figure increases with age (WHO, 2019). Because depression is currently the leading cause of disability worldwide and increases with age (WHO, 2017), taking effective measures based on the related mediating factors is essential (Hallgren et al., 2017). The diagnosis and treatment of mental disorders in older adults should be considered. A mental disorder such as depression, if left untreated, inadequately treated, or showing resistance to treatment, can lead to another cascade of adverse health consequences such as malnutrition, physical weakness, poor performance, reduced quality of life, and ultimately death (Khodabakhshi-Koolaee, 2016). Older adults are more likely to experience events such as mourning and declining socioeconomic status with retirement or disability. These factors can lead to isolation, loss of independence, loneliness, and psychological distress in older people (WHO, 2019). In addition to the goal of increasing life expectancy and longevity of members of the community, the issue of increasing mental health, welfare, and quality of life has also attracted the attention of sociologists and health policymkers (Shah, Christian, Prajapati, & Patel, 2017).

Mental health is an important factor in predicting death anxiety among older adults. People who do not consider themselves healthy are more aware of the certainty of death and are more likely to experience anxiety about death and dying issues (Geurtsen, 2010; Xu, Anderson, & Courtney, 2010). These age-related sociopsychological complexities have a strong negative effect on mental illness, making it more difficult to diagnose and manage mental health issues (Bhattacharyya, 2021). Because older adults will constitute a significant portion of the population, analyzing various aspects of their lives, especially the issue of their health, is important.

Taking strategies to improve mental health insurance coverage, increase public awareness of mental disorders, and reduce regional disparities in mental health resources can guarantee mental health (Guo et al., 2019). According to Joshi (2018), older adults always face different health, financial, physical, and mental problems, which is why care for them should be the priority. Svensson and Hansson (2017) have pointed out that mental health care for older adults should be promoted based on a better procedure among public health care workers to identify mental illness and provide better access to effective treatment. Isolation and loneliness are common in old age; however, older adults differ in how they ease their loneliness. Also, different barriers exist in maintaining this social isolation (O'Rourke, 2020). Older adults are more prone to mental health problems due to old age and physical and mental disabilities, and their mental health disorders are more likely to be manifested in the form of anxiety and depression. Various studies have shown that older adults can be depressed due to social dysfunction, decreased cognitive function, and increased risk of death in old age (Pachana & Laidlaw, 2014). Nevertheless, social support, respect, economic welfare, and physical health have a tremendous impact on promoting the psychological health of older adults (Khodabakhshi-Koolaee & Mirzaei, 2018; Peyvakht et al., 2020).

Many factors are involved in promoting the psychological wellbeing of older adults. However, some of these factors depend on the older adults' definition of life during old age and their experience in removing barriers to promote psychological development. These factors are among the psychological concepts that depend on many causes and factors, including contextual, cultural, social, and individual factors and personal attitudes. An exploration and awareness of factors promoting mental health in older adults affect not only their mental health but also their physical health and their quality of life. For example, people in Eastern cultures show a high level of respect and social support for old people. They consider

elders wise people and admire the elderly in society. Policymakers and members of the community constantly promote these norms and values. On the other hand, social developments in big cities, the nuclearization of families, migration to cities or other countries for work and life, life problems, and economic challenges have diminished the importance of the presence of older adults. The significance of this study is examining the factors promoting mental health from the perspective of older retired adults who had higher education and had served as executives during their lifetime in Iranian society and the city of Tehran. These people were chosen because they had fewer economic worries and could discuss the issues addressed in this study. Thus, we aimed to identify the opinions and experiences of National Iranian Oil Company retirees on psychological wellbeing.

## 2. Participants and Methods

## Study participants

This research was qualitative, and a grounded theory approach was applied. Qualitative research is often used to deeply understand a given subject or phenomenon. In the grounded theory, research hypotheses are developed within the research setting while conducting the study. In other research methods in the humanities, hypotheses are formed as part of the research process (Gall, Gall, & Borg, 2003). Because of the exploratory nature of the grounded theory approach, it is a suitable method for identifying the factors that promote mental health in older adults. Perhaps the most important difference between grounded theory and the other methods is the development and presentation of a theory from the heart of the data, and the researcher does not try to express only the views and opinions of the participants (Corbin and Strauss, 2014). Figure 1 shows the paradigm model of the factors promoting the psychological health of senior managers. The participants in the present study were retired managers of the National Iranian Oil Company in 2021. The data were collected through semi-structured interviews with the participants selected by purposive sampling. The data were saturated after 15 interviews. That is, the interviews continued until no new information was revealed with additional interviews.

The participants were selected with maximum variation in terms of demographic characteristics from retired managers of the National Iranian Oil Company. They were also selected with maximum variation to enhance the transferability of the findings. The inclusion criteria were: (1) the participants were 60 to 65 years old; (2) they served in the top, senior, and middle management

Table 1. The participants' demographic characteristics

Participant Code	Gender	Age (y)	Academic Degree	Field of Study	Service Records (y)
1	Male	65	Master's	Petroleum engineering	30
2	Male	68	Master's	Industrial management	35
3	Male	65	Master's	Development planning	30
4	Female	70	Diploma	Math & Physics	30
5	Male	70	Master's	Petroleum engineering	40
6	Male	66	Bachelor's	Public administration	34
7	Female	65	Master's	Energy Economics	27
8	Male	67	Master's and higher	Technical engineering	>30
9	Male	66	Master's	Industrial engineering	>30
10	Male	65	Bachelor's	Physics	30
11	Male	83	Master's	Petroleum engineering	52
12	Female	65	Master's	ΙΤ	30
13	Male	74	Bachelor's	Accounting	44
14	Male	68	Master's	Industrial engineering	35
15	Male	68	Master's	Financial management	46.5

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positions (because they had lower concerns of financial problems and had higher education and job ranks); (3) the participants had physical and mental health based on medical reports. The interviews were conducted in person and by the researcher in the Oil Company. The day and time of telephone and in-person interviews were determined by the participant's agreement. The interviews were conducted from May to September 2021 in Tehran. Each interview began after the researcher established rapport with the participant. Additional questions were also asked to resolve and clarify any ambiguity in the participants' statements. The time of interview with each couple lasted from 50 min to 75 min. After the interviews, their content was transcribed, and the collected data were analyzed. The transcripts were read carefully several times, the same for extracting reviewed codes. The open questions based on the topic of the research were developed as follows:

- 1. How do you view and define psychological wellbeing?
- 2. What strategies do you adopt to improve your psychological health after retirement?

### Data analysis

The data were analyzed using Strauss & Corbin's (1998) approach in three stages of open, axial, and selective coding. Data analysis was conducted simultaneously with data collection. To this end, after each interview, the previously collected data were compared with the new data to discover similarities and differences (Strauss & Corbin, 1998). During this phase, all interviews were transcribed, and recurrent codes were identified. The 3-way interaction was used to increase the internal consistency and credibility of the data. Triangulation refers to the search for consistency in the findings from different observers, tools, and observation methods at different times, places, and situations. A good inter-rater agreement between the researchers in codifying the data existed. A detailed and rich description was provided about the research context and the literature.

To comply with the ethical considerations, the study procedure was explained to the participants in a briefing session. In addition, they were assured that the study results would be published as a general report without disclosing their personal information. They were also told

Table 2. The codes extracted from open, axial, and selective coding

Open Coding (Themes)	Axial Coding (Subcategories)	Selective Coding (Categories	
Voluntary donation to charities; Working in educational departments; Transferring experiences and knowledge to younger people; Visiting peers with high spirits and hope; Integrating society; Failure to dismiss retirees from work; Appreciation of the efforts of managers.	The feeling of efficiency in the society		
Interest in and belonging to the family; Support for children; Having successful and self-sufficient children; Engaging in joint activities with the family; Taking care of home affairs.	The feeling of efficiency in the family	Self-coherence and the bal- ance between life needs and satisfaction with the current situation.	
Having no preoccupation with the problems of children and others; Showing respect for the personal plans of older adults in the family; Non-dependence of children on older adults; Having no worries about economic and medical issues.	Providing com- fort and peace for older adults		
Expressing gratitude to God; Faith and trust in God; Belief in God's help in adversity.	Spirituality and religiosity		
Institutionalizing healthy habits from childhood; Personality and genetic traits; Growing up in a large and supportive family; Living in an educated family; Pursuing education and work.	Special condi- tions of the fam- ily and childhood personality	Contextual factors promoting psychological health in older adults	
Existence of a stable and secure society; Job and legal security; Existence of professional and committed managers; Absence of embezzlement and injustice in society; Selection of qualified people in the workplace.	The law-abiding and disciplined society		
Honesty in the workplace; Professionalism and interest in work; experiencing effective communication with employees in the workplace; Ensuring the welfare of employees; Effectiveness in a management position; No excessive involvement with work.	Professional and occupational satisfaction	The process of achieving psy- chological health and wellbeing in older adults	
Having a study plan; Learning new skills; Doing joyful and favorite things; Having physical and mental mobility.	Having hobbies and activities		
Taking tours with friends and family; Hanging on with friends and family; Developing communication with different groups of society;	Attending social gatherings and meetings;		
Respecting other people's personalities and rights; Empathizing with others; Applying life skills; Tolerating problems; Contentment; Transparency and honesty with others; No expectation from others; Having value and purpose in life.	Attitudes toward others and life.		
Participating in individual and group sports; Failure to follow political news; A regular sleep cycle; No smoking and using alcohol; Avoiding negative people and places.	Healthy behaviors and habits		

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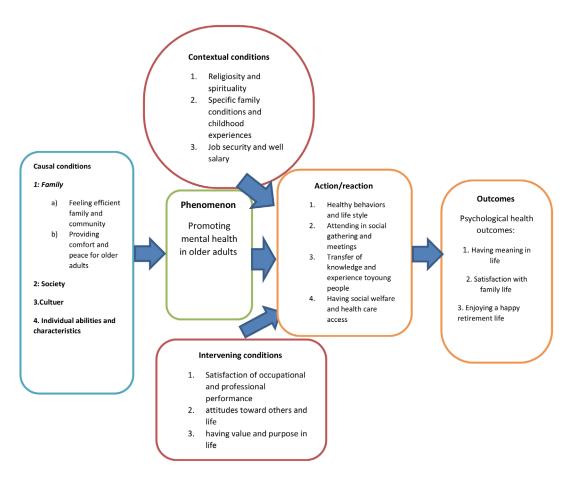


Figure 1. Paradigm model of factors promoting the mental health of older adults

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they would be free not to attend the interviews and could leave the study at any stage if they wished.

## 3. Results

The study participants were 15 managers of the National Iranian Oil Company who were aged 60 to 65 years. They served in the top, senior, and middle management positions during their terms of office. Most participants had served for 30 years; the rest had 20 to 30 years of service records in the National Iranian Oil Company. A great percentage of the participants had a master's degree or higher. It was tried to select the participants with greater diversity in terms of the geographical place of service and managerial positions, including human resources, business, technical development, production, IT, and exports (Table 1).

In Table 2, the factors affecting the promotion of mental health in old managers were divided into three categories, including self-coherence, the balance between life needs and satisfaction of the current situation; contextual factors promoting psychological health in older

adults; and the process of achieving psychological health and wellbeing in older adults.

## Self-coherence and the Balance Between Life Needs and Satisfaction With the Current Situation

According to the participants, one of the most important factors promoting psychological health was selfcoherence and the balance between life needs and satisfaction with the current situation, and feeling efficiency in the family and community. These themes were frequently detected in the participants' statements.

## Feeling of efficiency in the community

"When I could not find a job based on an expert, I can find a teaching career and share my knowledge and experiences with others, especially young people." (Participant #7)

### Feeling of efficiency in the family

"My daughter obtained a board degree in Obstetrics and Gynecology. She had a medical office. My youngest daughter was ranked 55 on the university entrance exam and became a radiology specialist. They were here until last year and then went to France with their two daughters. Of course, our efforts were compensated because we raised two children with the highest academic levels." (Participant #11)

### Providing comfort and peace for older adults

"The first and most important thing is financial issues in the family. Financial problems in my family severely affect the physical health of the person and other family members." (Participant #2)

## Contextual factors promoting psychological health in older adults

The underlying factors were special factors that, according to the participants, had an impact on the promotion of their mental health. One of these factors was spirituality and religiosity.

### Spirituality and religiosity

"I always say that we must thank God for having shelter and something to eat during this economic crisis and the COVID-19 pandemic. We have a shelter, and we are healthy." (Participant #12)

The specific family circumstances in which they grew up, as well as their personality and temperament, were other underlying factors which led them to accept more adaptive strategies to cope with problems.

Specific family conditions and childhood personality

"My mother was illiterate. However, I learned more things from my father. I also learned many things from my grandfather. I think this is related to genetic issues. He was a literate man who had written many things." (Participant #9)

The existence of a law-abiding and disciplined society

"In a society like ours where there is no job security, no law, no funds, now one of the concerns of retirees of the oil company is how long our funds can last." (Participant #2)

# The process of achieving psychological health and wellbeing in older adults

Most participants considered satisfaction from occupational and professional performance and honesty in the workplace as one of the most important reasons for achieving mental health.

Satisfaction from job and professional performance

"Because I did nothing wrong, I was not afraid of being exposed and caught red-handed. Thank God, I did not commit any violation." (Participant #3)

## Having hobbies and activities

"Well, I'm trying to make up for it. For example, I attended various training courses and tried to communicate with other people. I stay up late at night and study because I want to keep my memory active. I saw that many people get Alzheimer and I tried to keep myself active." (Participant #10)

Attending social gatherings and meetings

"I try to participate in meetings and go on group trips with friends and family members." (Participant #14)

Attitudes toward life and others

"If you study more and gain knowledge and insight, you can define a philosophy of life for yourself." (Participant #2)

### Healthy behaviors and habits

"I often go hiking, but it's very difficult on the treadmill. Of course, after the COVID-19 outbreak, I don't go to the gym. I now exercise at home. In the morning, I have to spend about 45 min doing some exercises for my spine; otherwise, my life will be disrupted." (Participant #2)

In the paradigm model (Figure 1), causal factors such as family, society, culture, individual abilities, and characteristics can make the person feel efficient and useful in society and family. These factors also contribute to providing comfort and peace for older adults. Some strategies can pave the way for other people, especially younger ones, to benefit from the abilities and expertise of older managers. Empowering older adults to participate in social gatherings and meetings can help to solve the medical and economic problems this group of people

faces. It should be noted that some contextual factors, such as religiosity, spirituality, specific family conditions, and childhood experiences, can facilitate the adoption of these strategies. According to the participants, growing up in a family with educated members can foster healthy behaviors and habits in adulthood. Also, occupational and legal security in old age is one of the important and special factors that result in physical health and provide the elderly psyche. Satisfaction with occupational and professional performance can also be regarded as one of the mediating factors. Older adults who are satisfied with their professional performance can have a happier life because reviewing their memories, and working experiences can create values and motivate them.

### 4. Discussion

The present research findings indicated that causal factors such as family, community, culture, individual abilities, and characteristics lead to a sense of efficiency and usefulness in society and family and contribute to comfort and peace of mind in older adults. An effective strategy is to provide a suitable context for other people, especially the younger ones, to benefit from the abilities and expertise of older managers, help older adults to participate in social gatherings and meetings, and solve medical and insurance problems with which they are faced. Underlying factors such as religiosity, spirituality, specific family conditions, and childhood experiences contribute to developing strategies for promoting psychological health. Doing a job and legal security in old age are two of the important and special factors that can promote the physical and mental health of older adults. Mediating factors such as satisfaction with occupational and professional performance, attitudes toward others and life, and gaining value and purpose in life can improve psychological health.

Most of the participants in this study stated that there should be suitable context so that they can present their shared experiences through training courses to the youths. They believed that this helped them feel like to be an efficient member of the community. Moreover, many participants stated that they helped charities, and this made them feel happy and satisfied. They were also willing to do voluntary activities even without being paid. They reported that these activities promoted their mental health and enabled them to live happier lives. Berk (2017) found that most older adults have much time for leisure and voluntary activities when they retire. Singh et al. (2010) examined factors affecting mental health in older adults and showed that perceived self-efficacy is associated with increased mental health. Consistent with

the findings of this study, Berk (2017) pointed out that the withdrawal of older adults from social activities is not their preference; rather, it indicates the inability of the social world to provide opportunities for their engagement in social activities. The more social opportunities are available to elderlies, the more they will believe that they can enjoy valuable experiences for themselves. These social opportunities help older adults share their knowledge and experiences with younger people. Gerino et al. (2017) also showed that the active participation of older people in social activities could be increased through special initiatives aimed at the older adult population. Another important point is that many participants are more willing to spend time with their friends than their families. Old age is no longer a time to be anxious and preoccupied with children's problems, which may even exist in older managers. Instead of trying to solve the problems of their children and others, they need free time to handle their personal affairs. Perhaps it is essential to make people understand that children should gain independence so that they can decide on and solve their problems without relying on their parents because perhaps one of the biggest challenges faced by older adults is the problems of children.

On the other hand, the effect of education on mental health at older ages with formal education has been studied, and it has been shown that education acts as a predictor of healthy aging (Khodabakhshi-Koolaee, 2016). Education positively affects cognitive variables, including life satisfaction (Kavé, et al., 2012; Foverkof et al., 2018). As participants pointed out, one of the underlying factors is growing up in an educated family, which helped them use more adaptive strategies, such as studying and working on life's problems, which led to their success in their older ages. Education is a central factor in improving social participation and allowing elders to appreciate their positive wellbeing as they age (Boulton-Lewis, Buys, & Lovie-Kitchin, , 2006). Consistent with the findings of this study, other studies (Bent et al., 2006; Hall, Rubin, & Charnock, 2009) showed that engaging in social activities in old age and cognitively stimulating leisure also reduces the risk of Alzheimer disease and dementia as a whole by stimulating synaptic growth. Studies have also shown a significant relationship between mental disorders, being single, low economic status, and current smoking (Silva, Loureiro, & Cardoso, 2016). Belo et al. (2020) found that perhaps a higher level of education can lead to a better understanding of all the changes of aging (body, life, profession, etc).

Physical activity can prevent or reduce the risk of osteoporosis, type 2 diabetes, obesity, hypertension, stroke,

heart disease, colon cancer, breast cancer, and depression (WHO, 2019). Previous studies showed a correlation between low levels of physical activity and symptoms of anxiety and depression in older adults living in the community (Hao, et al., 2019). Physical inactivity is the fourth leading risk factor for global mortality (WHO, 2019). In contrast, several studies have shown that physical activity protects against the onset of depression and anxiety (Schuch et al., 2018). Blanchet, Chikhi, and Maltais (2018) also indicated that physical activity could positively affect cognitive functioning and mental health in older, healthy individuals and possibly reduce the risk of developing dementia and depression. Han et al. (2015) showed that age, religion, housing status, economic status, entertainment, and hobbies were influential in old age. Also, in their research, Patrick et al. showed that religion and spirituality play an important role in the self-improvement of the elderly (Patrick, Carney, & Ebert, 2022).

The quality of life is a complex concept that can be influenced by many factors in each period of life and is completely individualized and depends on personal understanding, which can cover several objective and subjective domains (Bowling & Gabriel, 2007). The situation of older adults is getting worse day by day due to the constant change in the structure of society. About two-fifths of the elderly population has no personal income. Thus, most older adults completely or partially dependent on others for their basic needs (Joshi, 2018).

Analysis of the participants' statements indicated that the only hope and motivation of the older adults, their memories and achievements, can contribute to promoting their mental health. These factors are very important for those who have been in a difficult and risky professional management position. Older adults face different types of health, financial, physical, and mental problems which is why taking care of them must be a high priority (Joshi, 2018). Older adults need special amenities such as health care, nutrition, and a sense of belonging. The type and treatment services they receive depend largely on the family culture (Joshi, 2018). Freund and Ebner (2005) showed that in late adulthood personal goals, while still beneficial, are increasingly focused on maintaining strengths and avoiding weaknesses. Pac et al. (2019) confirmed the significant effects of physical exercise on the chances of experiencing a healthy old age. People who exercise have higher functional activity, are healthier, and have better opportunities to socialize, go out, or meet other people, so they are more likely to promote their health. Leisure helps people to promote their health and has a positive effect on their quality of

life (Lambirini et al., 2018). Higher levels of social support are also significantly more negatively associated with adopting negative coping styles and predict fewer symptoms of loneliness and depression. Higher levels of social support are significantly associated with positive coping styles and predict less depressive symptoms (Chen, Alston, & Guo, 2019). Having an extra child, on average, has a protective effect against increasing depression and anxiety symptoms in later life for white mothers (van den Broek, 2021). These desirable characteristics in managers have been achieved in the long run, especially due to high levels of mental health in the workplace and how the National Iranian Oil Company interacted with employees during this period.

### 5. Conclusion

The results of the present study indicated that factors such as family, community, culture, and individual abilities and characteristics could contribute to a sense of efficiency and usefulness in the community and family and enhance social welfare in older adults. To promote psychological health, older adults tend to use strategies such as giving advice to younger people, participating in entertainment programs for older adults, and following up and solving medical and insurance problems. Underlying factors such as religiosity and spirituality, family, and personality characteristics facilitate promoting mental health. The consequences of psychological health led to financial security, physical and mental health, and gaining values and goals in life in old age. In future research, it is better to consider the opinion of the family members of the retired person to better understand his/ her psychological health.

There are several limitations to our study. First, the study participants were not representative of all Iranian older adults. The participants were selected in Tehran and from the Iranian National Oil Company. The level of income of retirees of Oil and Gas Companies in Iran is higher than most of the other jobs. Second, the participants did not cover the retired elderly who lived in nursing homes or were single or widowed.

### **Ethical Considerations**

### Compliance with ethical guidelines

The study was registered in the Iran National Committee for Ethics in Biomedical Research with code of ethics IR.IAU.SRB.REC.1399.197.

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#### Authors' contributions

All authors equally contributed to preparing this article.

### Conflict of interest

The authors declared no conflict of interest.

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### References

- Belo, P., Navarro-Pardo, E., Pocinho, R., Carrana, P., & Margarido, C. (2020). Relationship between mental health and the education level in elderly people: Mediation of leisure attitude. Frontiers in Psychology, 11, 573. [PMID]
- Bent, S., Padula, A., Moore, D., Patterson, M., & Mehling, W. (2006). Valerian for sleep: A systematic review and meta-analysis. American Journal of Medicine, 119(12), 1005-1012. [PMID]
- Berk, L., van Boxtel, M., & van Os, J. (2017). Can mindfulness-based interventions influence cognitive functioning in older adults? A review and considerations for future research. *Aging & Mental Health*, 21(11), 1113-1120. [DOI:10.1080/136 07863.2016.1247423] [PMID]
- Bhattacharyya, K. K. (2021). Aging and Mental Health. In K. K. Bhattacharyya (Eds.), *Rethinking the aging transition* (pp. 59-80). Cham: Springer. [Link]
- Blanchet, S., Chikhi, S., &Maltais, D. (2018). The benefits of physical activities on cognitive and mental health in healthy and pathological aging. *Geriatrie et Psychologie Neuropsychi*atrie du Vieillissement, 16(2), 197–205. [PMID]
- Boulton-Lewis, G. M., Buys, L., & Lovie-Kitchin, J. (2006). Learning and active aging. *Educational Gerontology*, 32(4), 271-282. [DOI:10.1080/03601270500494030]
- Bowling, A., & Gabriel, Z. (2007). Lay theories of quality of life in older age. Ageing & Society, 27(6), 827-848. [DOI:10.1017/ S0144686X07006423]
- Chen, L., Alston, M., & Guo, W. (2019). The influence of social support on loneliness and depression among older elderly people in China: Coping styles as mediators. *Journal of Community Psychology*, 47(5), 1235-1245. [PMID]

- Değer, T. B., Saraç, Z. F., Savaş, E. S., & Akçiçek, S. F. (2019). The relationship of balance disorders with falling, the effect of health problems, and social life on postural balance in the elderly living in a district in Turkey. Geriatrics, 4(2), 37. [PMID]
- de Oliveira, L., Souza, E. C., Rodrigues, R., Fett, C. A., & Piva, A. B. (2019). The effects of physical activity on anxiety, depression, and quality of life in elderly people living in the community. *Trends in Psychiatry and Psychotherapy*, 41(1), 36-42. [PMID]
- Freund, A. M., & Ebner, N. C. (2005). The aging self: Shifting from promoting gains to balancing losses. In W. Greve, K. Rothermund, & D. Wentura (Eds.), *The adaptive self: Personal continuity and intentional self-development* (pp. 185–202). Göttingen: Hogrefe & Huber Publishers. [Link]
- Gerino, E., Rollè, L., Sechi, C., & Brustia, P. (2017). Loneliness, resilience, mental health, and quality of life in old age: A structural equation model. Frontiers in Psychology, 8, 2003. [PMID]
- Gall, M., & Gall, J., & Borg W. (2003). Educational research: An introduction. New York: Pearson Education
- Geurtsen, L. A. (2010). A multidimensional approach of death anxiety: Physical health, gender and psychosocial correlates in a community sample and a clinical sample of Dutch elderly people [MA thesis]. Utrecht: Utrecht University. [Link]
- Ghosh, D., & Dinda, S. (2020). Determinants of the quality of life among elderly: Comparison between China and India. *The International Journal of Community and Social Development*, 2(1), 71-98. [DOI:10.1177/2516602620911835]
- Guo, C., Li, N., Chen, G., & Zheng, X. (2019). Mental health service utilization and its associated social factors among elderly people with a mental disability in China: A national population-based survey. Scandinavian Journal of Public Health, 47(2), 215-220. [PMID]
- Hall, N. J., Rubin, G., & Charnock, A. (2009). Systematic review: Adherence to a gluten-free diet in adult patients with coeliac disease. Alimentary Pharmacology & Therapeutics, 30(4), 315-330. [PMID]
- Hallgren, M., Stubbs, B., Vancampfort, D., Lundin, A., Jääkallio, P., & Forsell, Y. (2017). Treatment guidelines for depression: Greater emphasis on physical activity is needed. *European Psychiatry*, 40, 1-3. [PMID]
- Han, K., Lee, Y., Gu, J., Oh, H., Han, J., & Kim, K. (2015). Psychosocial factors for influencing healthy aging in adults in Korea. Health and Quality of Life Outcomes, 13, 31. [PMID]
- Hao, X., Yang, Y., Gao, X., & Dai, T. (2019). Evaluating the effectiveness of the health management program for the elderly on health-related quality of life among elderly people in China: Findings from the China health and retirement longitudinal study. *International Journal of Environmental Re*search and Public Health, 16(1), 113. [PMID]
- Joshi, M. R. (2018). Physical and mental health status of elderly people in urban setting of Nepal. *Indian Journal of Ger*ontology, 32(4), 382–393. [Link]
- Kavé, G., Shrira, A., Palgi, Y., Spalter, T., Ben-Ezra, M., & Shmotkin, D. (2012). Formal education level versus self-rated literacy as predictors of cognitive aging. The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences, 67(6), 697–704. [PMID]

- Khodabakhshi-koolaee, A. (2016). [The comparison of health literacy and lifestyle among retired and homemaker older adults' women (Persian)]. *Journal of Health Literacy*, 1(3), 155-163. [DOI:10.22038/JHL.2016.10963]
- Khodabakhshi-Koolaee, A., Falsafinejad, M. R., Zoljalali, T., & Ghazizadeh, C. (2022). Dialectical behavior therapy: Effect on emotion regulation and death anxiety in older female adults. *Omega*, 302228211065960. Advance online publication. [PMID]
- Khodabakhshi-Koolaee, A., & Froozani, A. F. (2018). [A comparison between loneliness and death anxiety among active and inactive elderly males living in nursing homes in Yazd (Persian)]. Journal of Nursing Vulnerable, 5(16), 1-15. [Link]
- Lambrini, K., Konstantinos, K., Christos, I., & Areti, T. (2018).
  Leisure activity in the third age. *Journal of Health Care Communications*, 3(1), 12. [DOI:10.4172/2472-1654.100123]
- Martina, M., Ara, M., Gutiérrez, C., Nolberto, V., & Piscoya, J. (2018). [Depression and associated factors in the Peruvian elderly population according to ENDES 2014-2015 (Spanish)]. Facultad de Medicina, 78, 393-397. [Link]
- Mirzaei, F., & Khodabakhshi-Koolaee, A. (2018). [The relationship between sleep quality and perceived social support with loneliness in elderly men (Persian)]. *Journal of Gerontology*, 2(4), 11-20. [DOI:10.29252/joge.2.3.11]
- O'Rourke, N. (2020). Mental health and aging in Israel: Emerging and longstanding successes and challenges. *Aging & Mental Health*, 24(4), 523-524. [PMID]
- Pac, A., Tobiasz-Adamczyk, B., Błędowski, P., Skalska, A., Szybalska, A., & Zdrojewski, T., et al. (2019). Influence of sociodemographic, behavioral and other health-related factors on healthy ageing based on three operative definitions. *The Journal of Nutrition, Health & Aging*, 23(9), 862-869. [PMID]
- Pachana, N., & Laidlaw, K. (2014). The Oxford handbook of clinical geropsychology. Oxford: Oxford University Press. [DOI:10.1093/oxfordhb/9780199663170.001.0001]
- Patrick, J. H., Carney, A. K., & Ebert, A. R. (2022). Religious and spiritual growth goals: A forgotten outcome. *International Journal of Aging and Human Development*, 94(1), 41-54. [PMID]
- Patrick, J. H., Hayslip Jr, B., & Hollis-Sawyer, L. (2020). Adult development and aging: Growth, longevity, and challenges. California: SAGE Publications. [Link]
- Peyvakht, A., Sanagoo, A., Behnampour, N., Roshandel, G., & Jouybari, L. (2020). [Perspectives of nurses and the elderly hospitalized patients eegard respecting the human dignity of elderly patients in educational and medical centers of Golestan University of Medical Sciences in 2019 (Persian)]. *Journal of Nursing Education*, 9(3), 79-87. [Link]
- Schuch, F. B., Vancampfort, D., Firth, J., Rosenbaum, S., Ward, P. B., & Silva, E. S., et al. (2018). Physical activity and incident depression: A meta-analysis of prospective cohort studies. *American Journal of Psychiatry*, 175(7), 631-648. [PMID]
- Shah, V. R., Christian, D. S., Prajapati, A. C., Patel, M. M., & Sonaliya, K. N. (2017). Quality of life among elderly population residing in urban field practice area of a tertiary care institute of Ahmedabad city, Gujarat. *Journal of Family Medicine and Primary Care*, *6*(1), 101–105. [DOI:10.4103/2249-4863.214965] [PMID] [PMCID]

- Silva, M., Loureiro, A., & Cardoso, G. (2016). Social determinants of mental health: A review of the evidence. *The European Journal of Psychiatry*, 30(4), 259-292. [Link]
- Singh, A. P., Shukla, A., & Singh, P. A. (2010). Perceived selfefficacy and mental health among elderly. *Delhi Psychiatry Journal*, 13(2), 314-321. [Link]
- Strauss, A., & Corbin J. M. (1998). Basics of qualitative research: Techniques and procedures for developing grounded theory. Oaks: SAGE Publications. [Link]
- Svensson, B., & Hansson, L. (2017). Mental health first aid for the elderly: A pilot study of a training program adapted for helping elderly people. Aging & Mental Health, 21(6), 595-601. [PMID]
- van den Broek, T. (2021). Is having more children beneficial for mothers' mental health in later life? Causal evidence from the national health and aging trends study. *Aging & Mental Health*, 25(10), 1950-1958. [PMID]
- World Health Organization (WHO). (2017). Depression and other common mental disorders: Global health estimates. Geneva: World Health Organization. [Link]
- World Health Organization (WHO). (2017). Mental health of older adults. Geneva: World Health Organization. [Link]
- World Health Organization (WHO). (2019). mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings. Geneva: World Health Organization. [Link]
- Xu, Q., Anderson, D., & Courtney, M. (2010). A longitudinal study of the relationship between lifestyle and mental health among midlife and older women in Australia: Findings from the healthy aging of women study. *Health Care for Women International*, 31(12), 1082-1096. [PMID]

