

Research on Operation Risk and Perceived Physical Condition of Old People: an Empirical Analysis based on Online Follow-Up Survey

Long Xiaodong, Chen Liang *, Wang Yuefeng, Tao Ganchen and Chen Yuanping

P.E. Department, Jinggangshan University, Ji'an Jiangxi, China

**Corresponding author: Chen Liang (28919084@qq.com)*

Abstract

With the development of Internet, the mass media of health management have brought great change to the previous health management model. Based on big data technology and intelligence, new technology allows doctors to make more detailed tracking investigation for the elderly. In this paper, we collected data from 561 senior citizens by using online follow-up survey, and find out the influencing factors related to perceived physical condition. The result shows that the score of the perceived physical condition is 72.91 as compared to gender ($T=4.032, P=0.045$), age group ($T=35.561, P=0.000$), educational level ($T=15.116, P=0.000$), monthly income ($T=2.800, P=0.039$), marital status ($T=15.458, P=0.000$), self-care ability ($T=49.675, P=0.000$), place of abode ($T=21.127, P=0.000$), previous profession ($T=10.030, P=0.000$), type of registered permanent residence ($T=11.542, P=0.001$), chronic disease ($T=107.02, P=0.000$).

Keywords: *online, Mass Media; follow-up survey, perceived physical condition, influencing factors*

1. Introduction

The GDP in China is increasing, other aspects such as the living standard, living quality, and medical measures are well guaranteed, and the awareness of exercising is promoted. Currently, the ageing of population around the world quickens. With the increase of the population and longevity in China, ageing is an inevitable trend [1]. When people are aged, the physical and psychological indexes will be worsened; therefore, health means a lot to them [2]. It can be seen that the physical condition of the aged has great impact on themselves, household economy, family harmony, and the resources for tending, as well as on the economic development and resource security [3]. Hence we should study the current situation of the physical condition of the aged and influencing factors, adopt measures accordingly, pay attention to the health of the aged [4], and build “a society for all to share regardless of the age” to lay foundation for the further study of the health of the aged.

2. Object and Research method

2.1. Basic Materials of the Object of Study

The online follow-up survey is conducted on 561 senior citizens from 1 January 2014 to 31 December 2014. The test of perceived physical condition is told to them, and these senior citizens agree to provide assistance for the investigation. The basic standard for the object of study covers gender, age (≥ 60 years old), degree of education, monthly income, marital status, self-care ability, place of abode, previous

profession, type of registered permanent residence, and chronic disease. The senior citizens who had serious disease or schizophrenia are excluded.

2.2. Technical Map Design of Follow-Up Survey

2.2.1. Choosing Measurement Scale and Establishing Standard: Before the online survey, the measurement scale of physical condition developed by people such as Becker is adopted as the index of the perceived physical condition. There are 28 items on the measurement scale including 4 aspects: responsibility over health, psychological comfort, nutrition, and exercise [5]. The answers on the questionnaire are direct. There are five degrees of evaluation: score 5 for very good, 4 for good, 3 for ordinary, 2 for bad, 1 for very bad. The average score over 4.5 indicates very good, 3.5-4.5 good, 2.5-3.49 ordinary, 1.5-2.49 bad, that below 1.49 means very bad. The higher the score is, the better the perceived physical condition is. The 20 items (chosen among the 28 items) of the index of the perceived physical condition in 4 aspects can well reflect the perceived physical condition of the aged. The total score is 100 with the 5-grade equivalent score as the standard. 23 factors which influence the perceived physical condition of the aged are inspected by experts. The score for influencing factors varies—10 is a very high score, 8 a high score, 6 an ordinary score, 4 a low score, and 2 a very low score. The higher the score is, the greater the influence is. The analysis of the 23 influencing factors will be conducted to draw a conclusion. The reliability of the online questionnaires is based on “test-retest method,” and the correlation coefficient r is 0.90 and 0.85. That p is smaller than 0.01 indicates it is reliable. Validity is based on the structure and content inspection method. If it agrees with the expert opinion, then the content and structure are reasonable and effective.

2.2.2. Network System Building: First, general structure building: the online survey system is divided into several layers which from up to bottom rely on each other. Generally speaking, the research include data layer (basic information and data of the perceived physical condition and degree of influence), basic platform layer (public service platform), application layer (database management system and information filling system), business layer (data analysis, updating, and digging)[6].

Second, survey system building: the survey system is the key to online survey, which is realized through client-side logic verification module, Ajax transmission module, and backend database storage operation module.

Third, management system building: mainly based on the building of ArcEngine frame, Unicom's GPRS, MVC, SOA technologies are adopted to increase the speed and stability of the system operation.

2.2.3. The Building of Database: First, the database should be designed which can effectively store a large number of valuable information. The study on online survey database includes basic population information database, survey information database, physical condition survey database, and database of factors influencing the physical condition. [7]

Second, acquire data. Generally, the information and data are filled from bottom up, and in each grass-roots unit. Thus, the data is acquired in a quick and simple manner.

Third, the building of database: the corresponding data acquired from online should be stored, cleared up, and summarized. The effective and valuable data should be put into the database to build a database composed of valuable achievements of online survey.

2.3. Mathematical Statistics Method

The averages in SPSS16.0 are used to compare with T. The indexes are sorted out and analyzed before inference (that $P > 0.05$ indicates the difference is not significant; $P < 0.05$ the difference is significant; $P < 0.01$ the difference is greater than significant); SPSS factor analysis. According to Kaiser rule, the common factor whose eigenvalue is larger than 1 and the influencing factors with relatively large factor load capacity (larger than 0.7) are taken.

Logic reasoning method: general logic reasoning about the data is conducted to draw a conclusion with the methods such as comparison, deduction, induction, analysis, and inference.

3. Result

3.1. Comparison and Analysis of the Current Situation of the Perceived Physical Condition of the Aged

3.1.1. The Perceived Physical Condition Of The Aged Is Good: Table 1 shows the 121 senior citizens who think their perceived physical condition is very good account for 21.58% of the total, 187 who think their perceived physical condition is good account for 33.33%, 198 who think their perceived physical condition is ordinary account for 35.29%, 43 who think their perceived physical condition is bad account for 7.66%, and 12 who think their perceived physical condition is very bad account for 2.14%. The average is 72.91, standard deviation 19.43, $T=88.88$, and $P=0.000 < 0.01$, which means the online survey has a statistical significance with very notable differences. It can be seen that the senior citizens' idea on their health is good, but there are very remarkably different opinions on the personal understanding, which deserves our analysis and discussion [8].

Table 1. Current Situation of the Perceived Physical Condition of the Aged (n=561)

	Very good	Good	Ordinary	Bad	Very bad	Average	Standard deviation	T	P
Physical condition	121	187	198	43	12	72.91	19.43	88.88	0.000
Percentage (%)	21.58	33.33	35.29	7.66	2.14				

3.1.2. The Perceived Physical Condition of Male Senior Citizen Is Better Than That of Female Senior Citizen: within a group of age, that of the two ends is better, and that of the middle is worse; the higher the educational level is, the better it is. Table 2 shows that regarding the gender in the online follow-up survey of the perceived physical condition, the 265 male citizen's account for 47.24% of the total with an average of 74.64 and a standard deviation of 18.43; the 296 female citizens account for 52.76% with an average of 71.35 and a standard deviation of 20.19. That $T=4.032$ and $P=0.045 < 0.05$ for men and women indicate that it has a statistical significance with remarkable differences.

Regarding the age group, the 193 persons who are 60-65 years old account for 34.40% of the total with an average of 82.38 and a standard deviation of 15.43, the 153 persons who are 66-70 years old account for 27.27% of the total with an average of 73.99 and a standard deviation of 17.48, the 123 persons who are 71-75 years old account for 21.29% of the total with an average of 63.25 and a standard deviation of 19.06, the 62 persons who are 76-80 years old account for 11.05% with an average of 58.06 and a standard deviation of 18.36, and the 30 persons who are

older than 81 years old account for 5.34% with an average of 76.67 and a standard deviation of 19.71. That $T=35.561$ and $P=0.000 < 0.01$ for each age group indicates a statistical significance with remarkable differences. The influence of the age on the perceived physical condition of the aged is shown from big to small: 60-65 years old, above 81 years old, 66-70 years old, 71-75 years old, and 76-80 years old.

Regarding the educational level, the 287 persons with primary school education or below account for 51.16% of the total with an average of 69.13 and a standard deviation of 18.82, the 201 persons with middle school education account for 35.82% of the total with an average of 73.73 and a standard deviation of 18.83, the 42 persons with secondary education account for 7.49% of the total with an average of 84.29 and a standard deviation of 20.02, and the 31 persons with bachelor's degree or higher account for 5.53% of the total with an average of 87.10 and a standard deviation of 15.10. That $T=15.116$ and $P=0.000 < 0.01$ for educational level indicates a statistical significance with remarkable differences. The influence of the educational level on the perceived physical condition of the aged is shown from big to small: bachelor's degree or higher, secondary education, middle school education, primary school education.

Table 2. Perceived Physical Condition of the Aged Regarding Gender, Age Group, And Educational Level (n=561)

Index		n	Percent age (%)	Average (score)	Standard deviation	Number	T	P
Gender	Male	65	47.24	74.64	18.43	1	4.032	0.045
	Female	96	52.76	71.35	20.19	2		
Age group	60-65	93	34.40	82.3834	15.43	1	35.561	0.000
	66-70	53	27.27	73.9869	17.48	3		
	71-75	23	21.94	63.2520	19.06	4		
	76-80	26	11.05	58.0645	18.36	5		
	81 and above	30	5.34	76.6667	19.71	2		
Educational level	Primary school and below	287	51.16	69.13	18.82	4	15.116	0.000
	Middle school	201	35.82	73.73	18.83	3		
	Secondary school	42	7.49	84.29	20.02	2		
	University and above	31	5.53	87.10	15.10	1		

3.1.3. Monthly Income: the more the monthly income is, the better the perceived physical condition of the aged, the perceived physical condition is better when the person is married than when the person is widowed, followed by others and when the person is unmarried, and the perceived physical condition is better when the person lives in the city or town than when the person lives in the village. Table 3 shows that regarding perceived physical condition of the aged in the online follow-up survey in terms of monthly income, the 117 persons with a monthly income of less than 1,000 account for 20.8% of the total with an average of 72.14 and a standard deviation of 19.47, the 188 persons with a monthly income of 1,000-2,000 account for 33.51% with an average of 70.53 and a standard deviation of 20.21, the 162 persons with a monthly income of 2,001-3,000 account for 28.88% with an average of 73.58 and a standard deviation of 18.06, and the 94 persons with a monthly income of more than 3,001 account for 16.75% with an average of 77.45 and a standard deviation of 19.51. That $T=2.800$ and $P=0.039 < 0.05$ for monthly

income indicates a statistical significance with remarkable differences. The influence of the monthly income on the perceived physical condition of the aged is shown from big to small: more than 3,001, 2,001-3,000, less than 1,000, 1,000-2,000.

Regarding the marital status, the 398 married persons account for 70.95% of the total with an average of 75.22 and a standard deviation of 18.02, the 122 widowed persons account for 21.75% of the total with an average of 71.48 and a standard deviation of 19.06, the 15 unmarried persons account for 2.67% of the total with an average of 52.00 and a standard deviation of 19.71, and the other 26 persons account for 4.63% of the total with an average of 56.15 and a standard deviation of 25.93. That $T=15.458$ and $P=0.000 < 0.01$ for marital status indicates a statistical significance with remarkable differences. The influence of the marital status on the perceived physical condition of the aged is shown from big to small: married, widowed, others, unmarried.

Regarding the place of abode, the 176 persons living in the city account for 31.37% of the total with an average of 80.23 and a standard deviation of 18.14, the 179 persons living in the town account for 31.91% of the total with an average of 71.40 and a standard deviation of 16.83, the 206 persons living in the village account for 36.72% of the total with an average of 67.97 and a standard deviation of 20.78. That $T=21.127$ and $P=0.000 < 0.01$ for the place of abode indicates a statistical significance with remarkable differences. The influence of the place of abode on the perceived physical condition of the aged is shown from big to small: living in the city, town, and village.

Table 3. Analysis of the Perceived Physical Condition of the Aged Regarding Monthly Income, Marital Status, and Place of Abode (n=561)

Index	n	Percentage (%)	Average (score)	Standard deviation	Number	T	P
Monthly income	Below 1000	17 ¹	20.86	72.14	19.47	2.800	0.039
	1000-2000	88 ¹	33.51	70.53	20.21		
	2001-3000	62 ¹	28.88	73.58	18.06		
	Above 3001	4 ⁹	16.75	77.45	19.51		
Marital status	Married	398 ³	70.95	75.22	18.02	15.458	0.000
	Widowed	122 ¹	21.75	71.48	19.06		
	Unmarried	15 ¹	2.67	52.00	19.71		
	Others	26 ²	4.63	56.15	25.93		
Place of abode	City	176 ¹	31.37	80.23	18.14	21.127	0.000
	Town	179 ¹	31.91	71.40	16.82		
	Village	206 ²	36.72	67.97	20.78		

3.1.4. The Perceived Physical Condition Of The Aged Is Better For Persons With Self-Care Ability And With Chronic Diseases:

Table 4 shows that regarding perceived physical condition of the aged in the online follow-up survey in terms of the self-care ability, the 538 persons with self-care ability account for 95.90% of the total with an average of 74.05 and a standard deviation of 18.36, the 23 persons without self-care ability account for 4.10% of the total with an average of 46.09 and a standard deviation of 24.47. That $T=49.675$ and $P=0.000 < 0.01$ for self-care ability indicates a statistical significance with remarkable differences. The perceived physical condition of the aged with self-care ability is clearly better than those without the ability.

Regarding the chronic disease, 391 persons with chronic diseases account for 69.70% of the total with an average of 67.77 and a standard deviation of 18.20, and the 170 persons without chronic diseases account for 30.30% of the total with an average of 84.71 and a standard deviation of 16.89. That $T=107.02$ and $P=0.000 < 0.01$ for the object of study indicates a statistical significance with remarkable differences. The perceived physical condition of the aged with chronic diseases is clearly better than those without chronic diseases.

Table 4. Perceived Physical Condition of the Aged Regarding Self-Care Ability (n=561)

Index		n	Percent age (%)	Average (score)	Standard deviation	Number	T	P
Self-care ability	Able to take care of oneself	538	95.90	74.05	18.36	1	49.675	0.000
	Unable to take care of oneself	23	4.10	46.09	24.47	2		
Chronic disease	Yes	391	69.70	67.77	18.20	1	107.025	0.000
	No	170	30.30	84.71	16.89	2		

3.1.5. Registered Permanent Residence and Previous Profession: the perceived physical condition of the aged is worse for persons with rural registered permanent residence than others, and it is better for persons with the previous profession—self-employment followed by administrative affairs, enterprise, others, and farming. Table 5 shows that regarding perceived physical condition of the aged in the online follow-up survey in terms of registered permanent residence, the 286 persons with non-rural registered permanent residence account for 50.98% of the total with an average of 74.80 and a standard deviation of 18.85, the 275 persons with rural registered permanent residence account for 49.02% of the total with an average of 68.89 and a standard deviation of 18.77. That $T=11.542$ and $P=0.001 < 0.05$ for different types of registered permanent residence indicates a statistical significance with remarkable differences. The perceived physical condition of the aged with non-rural registered permanent residence is clearly better than those with rural registered permanent residence.

Regarding the previous profession, the 189 farmers account for 33.69% of the total with an average of 66.34 and a standard deviation of 18.85, the 176 persons engaged in administrative affairs account for 31.37% with an average of 77.95 and a standard deviation of 18.77, the 158 persons working for enterprise account for 28.16% of the total with an average of 74.30 and a standard deviation of 18.35, the 12 self-employed persons account for 2.14% of the total with an average of 83.33 and a standard deviation of 18.75, and the other 26 persons account for 4.64% with an average of 73.08 and a standard deviation of 21.87. That $T=10.030$ and $P=0.000 < 0.05$ for previous profession indicates a statistical significance with remarkable differences. The influence of previous profession on the perceived physical condition of the aged is shown from big to small: self-employment, administrative affairs, enterprise, others, farming.

Table 5. Perceived Physical Condition of Residence and Previous Profession (n=561)

Index		n	Percentage (%)	Average (score)	Standard deviation	Number	T	P
Type of registered	Not rural registered permanent residence	286	50.98	74.80	18.85	1	11.542	0.001

permanent residence	Rural registered permanent residence	275	49.02	68.89s	18.77	2	.542	
Previous profession	Farming	189	33.69	66.34	18.84722	5	0.00030	0.
	Administrative affairs	176	31.37	77.95	18.77135	2		
	Enterprise	158	28.16	74.30	18.35139	3		
	Individual household	12	2.14	83.33	18.74874	1		
	Others	26	4.64	73.08	21.86673	4		

It can be seen that the overall perceived physical condition of the aged is good. P is less than 0.01 regarding age, educational level, marital status, self-care ability, place of abode, previous profession, registered permanent residence, chronic disease, which indicates a statistical significance. T is larger than 20 for chronic disease, self-care ability, age, place of abode, and T is less than 20 and larger than 10 for marital status, educational level, type of registered permanent residence, previous profession, which indicates very remarkable differences and deserves analyzing, especially the indexes which have very great influence on the perceived physical condition such as chronic disease, self-care ability, age, and place of abode. That P is 0.045 and 0.039 which are both less than 0.05 for age and monthly income indicates remarkable differences which cannot be neglected.

Perceived physical condition can also be called self-evaluation of health or self-made report on physical condition, which means the overall assessment of the physical condition by the tested person, and is the subjective reflection of the objective physical condition and related matters [9]. Chronic disease will change the bodily structure and function. It cannot be cured and needs long-term treatment, nursing, and special rehabilitation training [10]. The frequency, duration, degree, and the pain of the chronic disease directly influence the perceived physical condition of the aged. Self-care ability is the ability of taking care of oneself [11]. The better the self-care ability is, the better the perceived physical condition of the aged is. Age means the length of time calculated from when one is born to the period of test. The perceived physical condition is the worst for persons of 71-80 years old, and it is better for persons of 60-70 years old or above 81 year old. Place of abode means the place where the resident lives in for more than one year, which includes city, town, and village. The perceived physical condition is the worst for persons living in village, ordinary for persons living in town, and good for those living in city.

Marriage means the establishment of marriage legally. The perceived physical condition is the best for married senior citizens, ordinary for widowed, and the worst for unmarried persons and others. Educational level means the level of education. The higher the educational level is, the perceived physical condition of the aged is [12]. Registered permanent residence consists of hu (number of households) and kou (total population). Each household has an owner, and each member (person) is kou. There are two types in China—rural registered permanent residence and non-rural registered permanent residence. The perceived physical condition for persons with non-rural registered permanent residence is better than those with rural registered permanent residence. Profession means the relatively stable and specialized social labor with payment. It is the general representation of one's social status, and indicates one's right, liability, and responsibility [13]. The perceived physical condition is the best for persons of self employment and those engaged in administrative affairs, ordinary for persons working for enterprise, and the worst for farmers.

3.2. Factors Influencing the Current Situation of the Perceived Physical Condition of the Aged

The factors from the preliminary result of the online questionnaires are analyzed using SPSS16.0. The common factor is extracted based on principal component analysis, and the common factors with the eigenvalue larger than 2 is taken. Table 6 and 7 show that among the 23 items of factors influencing the perceived physical condition of the aged, the total variance of 8 common factors is 91.003% (the first common factor accounts for 20.050%, the second 15.873%, the third 13.205%, the fourth 10.767%, the fifth 10.010%, the sixth 8.613%, the seventh 6.714%, and the eighth 5.772%). The KMO of scale is 0.812, which means it is suitable for factor analysis. The Barlett's Test of Sphericity is 2267.78, $df=883$, $P=0.000$. The data of the scale have remarkable differences, which indicate that the scales are not independent. The values are closely related, which means it is suitable for factor analysis. For the convenience of research, the first common factor is determined by the indexes of lack of strength, resting blood pressure, resting heart rate, and educational level, which is named "factor of self-condition;" the second common factor by indexes of medical insurance, chronic disease, fasting blood-glucose, named "factor of treatment;" the third by indexes of drinking, body weight index, and sleep, named "factor of life style;" the fourth by indexes of sedentariness, and current situation of exercise, named "factor of exercise and rest;" the fifth by indexes of age, gender, and overall income, named "factor of income;" the sixth by indexes of communication, and effect of hospital, named "factor of ambience;" the seventh by indexes social influence and marital status, named "factor of society and family;" and the eighth by indexes of health-related promotion and state of mind, named "factor of health-related promotion and psychology."

The factor of self-condition means the physical condition and educational level. The better the physical condition of the aged and the higher of the educational level is, the better the perceived physical condition is [14]; the factor of treatment means the current situation of chronic disease and the treatment of medical insurance. The less severe the chronic disease and the more complete the medical insurance is, the perceived physical condition is; the factor of life style covers food and sleeping; the more reasonable the food is and the better the sleeping is, the perceived physical condition is; the factor of exercise and rest means reasonable exercising and rest, the more reasonable the exercise and rest are, the perceived physical condition is; the factor of income mainly covers gender, age, and income. Generally, the perceived physical condition of the male senior citizens is better than that of female senior citizens; within the group of the advanced age, that of the two ends is better, and that of the middle is worse; the higher the educational level is, the better it is, in principle. The factor of ambience mainly covers the communication and the effect of treatment, the better the communication is, the longer the time is, and the better the treatment effect is, the perceived physical condition is; the factor of society and family mainly covers the social influence, reputation, and marriage, the higher the social influence is, the more famous is, and the more stable the marriage is, the perceived physical condition is; the factor of health-related promotion and psychology indicates the health-related promotion and psychology, the more the promotion is, and the better the state of mind is, the perceived physical condition is.

Table 6. Total Variance of the Factor

Common factor	Initial eigenvalue			Load quadratic sum of extraction factor		
	Eigenvalue	Variance%	Accumulative%	Eigenvalue	Variance%	Accumulative%
1	4.612	20.050	20.050	3.515	15.283	15.283
2	3.651	15.873	35.923	3.027	13.161	28.444

3	3.037	13.205	49.128	2.786	12.114	40.558
4	2.476	10.767	59.895	2.653	11.533	52.091
5	2.302	10.010	69.905	2.604	11.320	63.411
6	1.981	8.613	78.517	2.342	10.183	73.595
7	1.544	6.714	85.231	2.264	9.844	83.438
8	1.328	5.772	91.003	1.740	7.565	91.003

Table 7. Rotated Component Matrix

Index	Common factor							
	1	2	3	4	5	6	7	8
Exercise	.146	.335	.06	.845	.10	.58	.50	.098
Gender	.478	.171	.58	.109	.753	.06	.139	.187
Effect of hospital	.333	.197	.93	.13	.097	.50	.28	.03
Health-related promotion	.120	.62	.017	.27	.05	.54	.041	.77
Resting heart rate	.737	.046	.320	.110	.028	.059	.279	.187
Overall income	.143	.65	.104	.75	.44	.181	.058	.093
Relief	.139	.81	.39	.19	.355	.54	.90	.083
Marriage	.391	.089	.252	.40	.251	.16	.06	.05
Interpersonal communication	.036	.40	.037	.014	.00	.82	.026	.36
Chronic disease	.291	.835	.197	.17	.018	.66	.34	.56
Educational level	.657	.088	.45	.415	.71	.89	.82	.126
Smoking	.116	.233	.82	.51	.101	.219	.86	.009
Drinking	.301	.071	.867	.006	.175	.194	.08	.10
Age	.101	.39	.064	.115	.50	.83	.053	.45
Sedentariness	.226	.026	.30	.98	.97	.008	.80	.140
Lack strength	.923	.124	.028	.18	.227	.15	.68	.031
Resting blood pressure	.813	.228	.02	.11	.22	.188	.09	.63
Medical insurance	.188	.45	.196	.92	.166	.55	.203	.16
Fasting blood-glucose	.35	.830	.296	.080	.246	.02	.206	.127
Body weight index	.202	.14	.795	.37	.14	.42	.00	.122
Psychological state	.53	.78	.27	.419	.199	.192	.138	.32
Social impact	.06	.093	.08	.79	.003	.30	.869	.05
Sleep	.85	.231	.96	.581	.24	.244	.37	.338

4. Conclusions and Suggestions

4.1. Main Findings

The general perceived physical condition of the aged is good, depending first on indexes including chronic disease, age, and place of abode, second on indexes including marital status, educational level, type of registered permanent residence, and previous

profession, third on indexes including gender and monthly income. In terms of gender, the perceived physical condition of the male senior citizens is better than that of female senior citizens; within a group of age, that of the two ends is better, and that of the middle is worse; the higher the educational level is, the better it is; the more the monthly income is, the better it is; in terms of marital status, the perceived physical condition of the aged is shown from good to bad: married, widowed, others, unmarried. The perceived physical condition of the aged with self-care ability is better than those with not. In terms of place of abode, the perceived physical condition of the aged living in city and town is better than those living in village. In terms of previous profession, the perceived physical condition of the aged is shown from good to bad: self-employment, administrative affairs, enterprise, others, and farming; the perceived physical condition of the aged with non-rural registered permanent residence is better than those with rural registered permanent residence; the perceived physical condition of the aged without chronic diseases is better than those with no chronic diseases. The factors influencing the perceived physical condition of the aged include: "factor of self-condition," "factor of treatment," "factor of life style," "factor of exercise and rest," "factor of income," "factor of ambience," "factor of society and family," and "factor of health-related promotion and psychology."

4.2. Main Suggestions

The society, family, and individual should care and help the senior citizens more, especially female and poor senior citizens and those of advanced age, and we should improve the living standard and quality of the aged; we should increase the investment of the government into the medical insurance for the aged, establish a special-purpose fund, improve the system of medical insurance for the aged, and especial provide proper medical assistance for "the old people with three have-nots;" conduct the health-related promotion to and the mandatory inspection for the old people of each community, and other meaning literal and physical events to make sure that the aged have the knowledge of health and sufficient places for exercising.

4.3. Current Shortcomings and Future Development

The content and number of the samples have their limitation, the content is selected and deleted by experts, which is representative to some extent but cannot represent the whole, so there are shortcomings and limitations. The tool of research has its limitations too. The research mainly uses online follow-up questionnaire method, mathematical statistics method, and logic reasoning method. A certain kind of achievement can be made, but the health of the aged is a project, and its study is related to many factors and needs support. The time is another limitation. The study is a paper of follow-up questionnaire which costs half a year, so some achievement is reached but with limitation. The factors of health for the aged and the network building cost much time. As regarding the future development, the factors influencing health must be combined with the computer development and application. With the development of computer science and network, the factors influencing the health will be more complete, and the reliability and validity of the data of online questionnaire will progress, thus there will be further development of the research [15].

References

- [1] Z. Haifang and T. Wang, "Research and Practice of the Classified Teaching on Computer Basics in Universities", *Computer Education*, vol. 8, (2012), pp. 21-24.
- [2] W. Jie, "Discussion on Teaching Design for Computer Basics in Universities during the Stage of Changing", *Computer Education*, vol. 18, (2010), pp. 14-16.
- [3] X. Zhong, *et al.*, "Study on the Change and Influence Factors of Constitution Health Level in Elders", *Journal of Nanjing Sport Institute(Natural Science)*, vol. 2, (2010), pp. 27-29.
- [4] D. Peng, "An Analysis on the Health Status of the Older Persons in China", *Population & Economics*, vol. 6, (2013), pp.3-9.
- [5] T. Qian, "The Association of Health Locus of Control, Self-Esteem and Coping Styles with Health Promoting Behaviors in Patients with Coronary Heart Disease", *Journal of Shandong University*, (2012), pp. 101-106.
- [6] G. Wenhui, "Research on Rural Integrated Information Database Construction in Chongqing Based on GIS", Thesis, *Journal of Southwest University*, (2013), pp. 23-27.
- [7] J. Quan, "Study on Legal Issues Related to Database Protection", *Weishi*, vol. 2, (2011), pp. 73-77.
- [8] S. Dongkai, H. Xiaofeng and W. Fengqin, "Study on the Obtaining of the Health-Related Information of the Aged-with the Retired Workers of TISCO as Examples", *Shanxi Library Journal*, vol. 5, (2013), pp. 14-17.
- [9] G. Quan, "Investigation of Self-Care Ability of the Senior Citizens in Rural Areas in Yantai", *Journal of Mudanjiang College of Education*, vol. 1, (2013), pp. 157-158.
- [10] Z. Yanmin, "Literature Review of the Subjective Sense of Happiness of the Aged in China", *Da Zhong Ke Ji*, vol. 3, (2011), pp. 132-147.
- [11] X. Yu, "On the Psychological Status of Poor Student in Colleges and Universities and Coping Strategy", *Journal of Dalian Medical University*, (2008), pp. 56-60.
- [12] H. Yihong, *et al.*, "Empirical Research on the Demands of the Senior Citizens in Urban Areas for Service", *Journal of Beihua University (Social Sciences)*, vol. 2, (2006), pp. 89-93.
- [13] X. Dan, "On the Strengthening of Cultivation of Occupational Values of University Students with ideological and political education", *Learning Theory*, vol. 3, (2011), pp. 217-218.
- [14] L. Jiyuan and W. Huakai, "On the Differences of Health of the Aged-Based on the Analysis of Data from the 6th Census in Xiangyang", *Journal of Hubei University of Arts and Science*, vol. 6, (2013), pp. 84-88.
- [15] T. Ye and W. Yangbin, "On Reform of Computer Basics Course in Universities from Online Survey", *Journal of Taiyuan Normal University (Social Sciences)*, vol. 3, (2013), pp. 157-158.

