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Social Functioning Problems As Perceived By Institutionalized Elderly

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Abstract

Aim: Ageing is a universal phenomenon and natural biological process of the life cycle. As people enter old age, they begin to experience associated changes in their physical, mental & social health. Therefore, elderly people are vulnerable to physiological, mental and social crisis. Moreover, the aim of this study was to assess social functioning as perceived by institutionalized elderly, utilizing a descriptive exploratory research design. Sample of convenience of 90 elderly was recruited from Hedaya Barakat geriatric home in El-Dokki district, Giza city, Egypt. Socio-demographic sheet, social functioning for elderly scales was used to achieve the purpose of this study. The findings revealed that; half of the studied institutionalized elderly (50%) had moderate levels of social functioning. The study concludes that, the current study revealed that, statistically significant relation was found between social relation and their age among the studied elderly**.**

Key words: Rectal Social functioning, institutionalized, and elderly people.

Introduction

Ageing is a natural process, is an incurable disease which persons of 65 years of age and older are typically referred to as elderly. While ageing merely stands for growing old, is an expression used for the deterioration of the biological efficiency that accompanies ageing. These changes are for the most part deleterious and eventually lead to the death of the individual (Sharma, Parihar, Vyas, Prasanna and Pandey, 2014). The elderly population with age of 60 years and above is increasing around the world, as due to decline in their mortality rate and life expectancy has been increased. The number of elderly is estimated to be 605 million in the world (Azeem & Mahwesh, 2015).

Approximately 4.6 million adults aged 60 years and older are living in Egypt, and the population of Egyptians aged 80 years and older is nearing 320.000 (Yount and Sibai, 2009).The percentage of the elderly population (65+) in Egypt increased to 5.5 percent in 2005 and remained as such in 2010. The elderly population is projected to continue increasing to reach 12.3 percent in 2050 (Demographic Profile of Egypt, 2012). Old age is usually in connection with the different types of problems encountered by the aged , has physical diseases, psychological illness and adjustment problems are quite common during this phase of life (Dhara and Jogsan, 2013). The process of ageing also tends to create social problems for the elderly and society (Bag, Sanyal, Daniel and Chakrabarti, 2014).

Seriously impaired older persons, who live in the community, are cared by a spouse or grown-up children. However, with the urbanization, the joint family system is gradually moving towards nuclear families and elderly are left alone and move to an

institution. In Egypt, these homes that take care of elder people's social well-being is only the first step in helping Egyptian society deal with the forthcoming demographic evolution (El-Katatney, 2009).

Psychiatric nurses have many opportunities to play significant roles in the care of the aging population. So, the psychiatric nurses recognize that most human beings value health, are responsible and active participants in the elderly health maintenance and illness management, and desire harmony and wholeness with elderly environment. A holistic approach is essential, recognizing that older people must be viewed in the context of their biological, emotional, social, cultural, and spiritual elements. Nurses are challenged to ensure that the care of older adults is based on knowledge that reflects the unique characteristics, needs, and responses of older persons (Eliopoulos, 2014).

Significance of the study

The proportion of people aged over 60 years is growing faster than any other age group, as a result of longer life expectancy rate. The world's elderly population is expected to be 2 billion in the year 2020 (WHO, 2011).

From the investigator point of view, longer life expectancy for the elderly and the changes in family structure will leave them at older ages with higher chances of living alone and may lead to reduce availability of physical, social and family support for the elderly. In addition, relocation of the elderly in residential homes is a stressful event that requires adjustment and coping. Maladaptation to either, the aging process or the residential homes environment leads to physical problems, and social problems and increasing dependency.

Despite the importance of assessing social functioning among elderly residing in geriatric homes, scattered researches were done in this area especially on the national level. As nurses play a pivotal, multifaceted role in the assessment and treatment of elderly people, this research could provide nurses and other health professionals with an in depth understanding related to this category of population, which could reflected positively on quality of elderly's life. Also it is believed that the result of this study may encourage the development and establishment of techniques aiming to reduce problems, improve quality of life, and promote the health of the elderly. Moreover, it is hoped that the findings of this study will help to establish evidence based data that can promote nursing practice and research.

Aim of the study

This study aims to assess social functioning problems as perceived by institutionalized elderly.

Research Questions

To fulfill the aim of this study, the following research question is formulated:

Q1 What are the social functioning problems as perceived by institutionalized elderly?

Theoretical Framework

The theoretical framework of this study is adopted from two major psychosocial theories of aging: activity theory and disengagement theory. Psychosocial theories of aging describe the ageing process and what aging implies. Psychosocial theories of aging attempt to explain human development and ageing in terms of individual changes in cognitive functions, behaviors, roles, relationships, coping ability and social changes (Wadensten, 2006).

The disengagement and activity theories, taking opposing views for aging. Disengagement theory postulates that aging

is an inevitable mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social system (Cummings and Henry, 1961). Some older persons disengage voluntarily, and others choose to remain active throughout life (Havighurst, 1968).Also, older persons prefer social inactivity. When feeling of isolation reflects similar choices from the past, feeling of socially isolated may indeed be appropriate (Hogstel,1995).

Conversely, disengagement in the face of a past lifestyle of sociability and active participation signals in congruency (Hogstel, 1995). Both activity and disengagement theory assume that the solution to the social problems of ageing will be via successful aging (Redfern and Ross, 2009).

Research Design

A descriptive exploratory research design was selected for the current study; such design fits the nature of the problem under investigation.

Sample

A sample of convenience of 90 elderly was recruited for the conduction of this study, was selected according to the following criteria: institutionalized elderly residing in the geriatric home for more than one year, male and female, aged 60 years or more, capable of verbal communication, demonstrating no obvious cognitive impairment, hearing, speech impairments, and free from any other psychiatric disorders.

Setting

This study was carried out at Hedya Barakat geriatric home, which is one of the compartments of Gamiet Mabaret El Maraa in El Dokki district, Giza City .Where a multidisciplinary health team involved in providing care to residents. This health team consists of social worker, nurses, dietitians, and workers.

Tools

Data were collected by using Socio-demographic Data Sheet, and social functioning for elderly scale.

1-Socio-demographic and Medical Data Sheet:

It was designed by the investigator and it includes personal data, such as; elderly person's age, gender, marital status, income resources, income satisfaction, presence of relatives with elderly people at home, length of staying at geriatric home and reasons of enrollment in geriatric home and medical information includes presence of chronic illnesses and types of chronic illnesses.

2- Social Functioning for Elderly Scale:

It was designed by the investigator after reviewing the related literature. The content and validity were developed by reviewing the related literature and the tools were revised by 5 experts in the field of the psychiatric nursing and psychiatry. The experts were requested to give their opinion in terms of relevance, accuracy and appropriateness of items for future modifications and to ensure their content validity.

After explaining the purpose of the study and getting oral agreement, the investigator assured participants about confidentiality & anonymity. The investigator interviewed each participant individually to collect the required data included in the socio-demographic and medical data sheet, it was filled in by the investigators, followed by the social functioning problems for elderly scale and it includes:

-Social Functioning Scale: It includes two categories. The first category contains 11 items, which reflect the general level of social activity such as:" I feel very exhausted" and "I feel active" .The second category contains 21 items, which reflect the social relations such as:" I welcome friendship and communication with others " and " My family helps me, if necessary " in addition to assess social functioning essential to elderly people such as, self care skills, domestic skills, community skills, social skills and responsibility. Responses were measured on 5-points Likert Scale: (0) Always, (1) often, (2) sometimes, (3) rarely and (4) never. The scale includes inverse items are 1, 3-5, 7, 11, 26-28, 30-31 and 33. The tool's scoring system is for 1st category (general level of social activity), low = (0-14), moderate= (15-29) and high= (30-44) and the tool's scoring system is for 2nd category (the social relations), low= (0-28), moderate= (29-57) and high= (58-84),The reliability test of the tool was measured by Cronbach's alpha test=(0.685).

Each participant was interviewed individually, in a semi-structured interview, for about 30-45 minutes. The questionnaires were read, explained, and the responses were recorded by the investigator.

Ethical Considerations

Primary approval was obtained from the Ethical Committee and Research, Faculty of Nursing, Cairo University. A complete description of the purpose and nature of the study was made to all participants and they were informed that participation in the current study was voluntary, and that anonymity and confidentiality of each participant was protected by the allocation of a code number for each participant. They were also assured that they could withdraw at any time from the study and not affect the care received.

Pilot of study

A pilot study was conducted on 10 elderly people to test the clarity and the reliability of the questionnaire items as well as to estimate the time required to fill each questionnaire. The results obtained from the pilot study indicated the importance of modification for tool through add some questions and omission of others. A total of 10% of the sample were recruited for the pilot study. Those included in the pilot study were excluded from the sample.

Results

Socio-demographic data

The studied sample consists of 90 institutionalized elderly, the majority 91.1% their age ranged between 60 to less than 80 years with a mean of 72.10 ± 7.51 for the studied institutionalized elderly. As regards sex figure (1) reveals that, 66.7% of the studied institutionalized elderly were females and their marital status figure (2) reveals that, slightly less than two third 63.3% of the studied elderly were widowed.

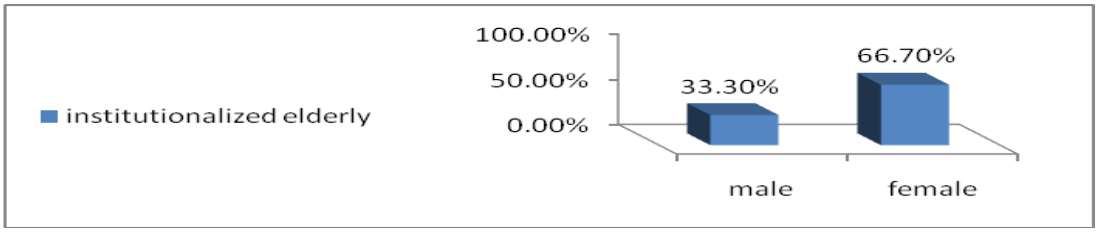

Figure 1 .Distribution of sex among the studied institutionalized elderly (n=90).

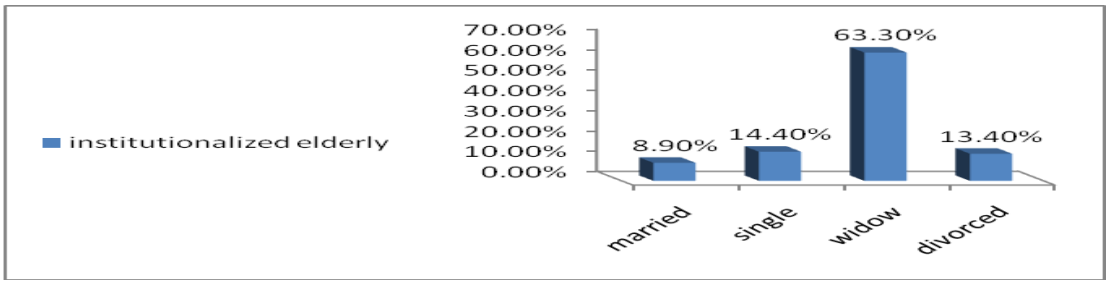

Figure2. Distribution of marital status among the studied institutionalized elderly (n=90).

The mean score of monthly income were 1724.42 ± 642.34 among the studied institutionalized elderly. Among them 74.5% their income ranged between 500 to less than 1000 Egyptian Pound for the studied institutionalized elderly. As regards source of income, 75.6% of them reported that their main source of income was pension. Also, statistically significant difference was found between studied elderly responses in relation to source of income where x^2 = 25.06 at p=.000.

In addition, 67.8% of the studied institutionalized elderly reported that they stay less than 5 years and from 6 to less than 10 years at geriatric home. As regards reasons for entering geriatric home, 78.9% and 76.7% of the studied institutionalized elderly reported that their main causes of entering geriatric home are their feeling of loneliness and no one care for them respectively.

As regards chronic disease, 65.6% of the studied institutionalized elderly suffer from chronic illness. Among them 46.6% and 44.4% suffer from hypertension and osteoarthritis among the studied institutionalized elderly respectively.

Social functioning as perceived by institutionalized elderly

As regards social functioning, 60.4% among the studied institutionalized elderly reported that they had moderate levels of social activity and 51.9% among the studied institutionalized elderly reported that they had moderate levels of social relations.

In relation to level of social functioning (figure 3), half 50% of the studied institutionalized elderly reported that they had moderate level of social functioning.

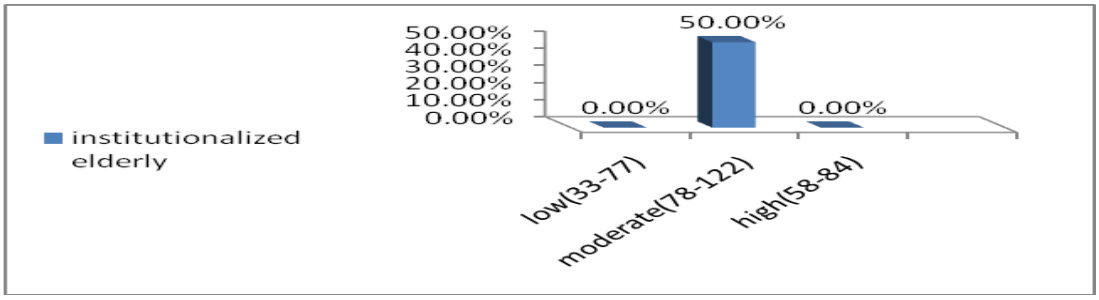

Figure3. Levels of social functioning among the studied institutionalized elderly (n=90).

Table (1): Social functioning differences among the studied institutionalized elderly as regard their age (n=90):

Items	Age		
	Institutionalized elderly		
	60-	70-	>80
	M ±SD	M ±SD	M ±SD
General level of social activity	32.21±5.34	33.30±6.06	36.25±4.77
Social relation	70.23±8.15	67.65±10.42	61.75±9.77
Social functioning Scale	102.45±7.93	100.95±8.54	98.00±8.83

*Significance level at p<0.05

According to table (1), the highest mean 70.23±8.15 their age ranged between 60 to less than 70 years for the studied institutionalized elderly reported that, their age affect on the level of social relations.

Discussion

In accordance with Dongre and Deshmukh, (2012) the rapid increase in the elderly population has engendered public concern about issues associated, such as successful aging and social factors. Social problems further lead to role impairment among elderly that is a risk factor for their healthy functioning (Abd El-Rahman and Hassan, 2013).

Therefore, this study aimed to assess social functioning problems as perceived by institutionalized elderly.

The current study findings stated that, ninety one percent ranged between sixty to less than eighty years among the studied institutionalized elderly. This study finding in contradict with Duca, Silva, Thume, and Santos, (2012) who revealed that, slightly more than half their age were eighty years or more for the studied institutionalized elderly.

The results of the current study also revealed that a statistically significant difference was found between social relations and age among the studied institutionalized elderly. This indicates that age can affect on social relations through the lowered social network size that persons experience when they are old age, socially isolated, getting away from people, and less able to do the things they enjoy. Growing of age can also change the body's functioning in a way that may affect social functioning and relations with others.

In relation to sex, the current study result revealed that, females represented about two third of the studied institutionalized elderly, and this may be due to increased female longevity more than males. This result is consistent with Vitorino, Paskulin, and Vianna, (2013) who revealed that women are predominant in institutions.

As regards marital status, the current study findings showed that slightly less than two- third of the studied elderly were widowed, which indicates that being widowed is considered one of the main causes for admission in residential home. This finding is congruent with Cobo, (2014) who reported that slightly less than three quarters of population under investigation is widows and widowers in the geriatric home.

Considering the main causes of institutionalization among the studied institutionalized elderly, the present study result revealed that, more than three-quarters of the studied institutionalized elderly reported that, feeling of loneliness and isolation was the main cause of institutionalization especially after marriage of sons and daughters, or death of the elderly partner. The study also revealed that lack of care of a caregiver, neglecting of children of the elderly persons' needs, leaving their own houses for sons to marry are other main causes for institutionalization.

This study finding is congruent with a recent study carried out by Gurung and Ghimire, (2014) who stated that, slightly less than one-fifth of the studied institutionalized elderly answered that no adequate care for them in their own home is the main cause of institutionalization.

In relation to social activity the current study findings indicated that, slightly more than half of the studied institutionalized elderly who reported that they never have energy to do anything. This may indicate that no one in the residential home is interested in promoting of energy and activities for elderly persons or encouraging them to practice activities in their spare time. So, their energy may become low. Absence of resources, poor health status and loss of interest may be other causes. This study finding is congruent study carried out by Buman, Hekler, and Haskell, (2010) who stated that, non-residence of geriatric home performed more physical activity than residence of geriatric home. As regards social relation, the current study finding stated that, slightly more than half of the studied institutionalized elderly who reported that they always their family help them if necessary. In disagreement with the current study result, Patil, Itagi, Khadi, and Havaldar, (2013) in their study found that, less than two-thirds of the studied institutionalized elderly reported that, they have family support.

The study finding also proved that, half of the studied institutionalized elderly reported that they had moderate level of social functioning. The result of the current study is incongruent with Singh, Lall, and Jain, (2013) who revealed that more than quarter of the studied institutionalized elderly has high level of social functioning problems.

Conclusion

This study clearly concludes that, aging is associated with social problems for institutionalized elderly. Moreover, the study results indicate that half of the studied institutionalized elderly had moderate levels of social functioning. In addition, the study results indicate that decreased social relation size among the studied elderly in the institutions is due to loss of independence, inability to continue previous occupation, feeling of isolation and loneliness, lack of privacy and meaningful occupation.

Recommendations

Based on the present study findings, the following recommendations are suggested.

1- Further studies are needed on large numbers of elderly people in different geographical areas to generalize results.

2- Establishing rehabilitation programs for geriatric people who are suffering from physical disabilities to promote level of social activities.

3- The geriatric homes should permit the elderly individuals keep open communication links with the family, friends, and society to enhance their social relations.

4- Encouraging of social activities at geriatric homes for elderly people to reduce their feeling of isolation, and loneliness.

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