

Psychological Problems as Perceived by Institutionalized and Non-Institutionalized Elderly

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Abstract

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 and mental crisis. The aim of this study is to assess psychological problems as perceived by institutionalized and non-institutionalized elderly, utilizing a descriptive comparative research design. A sample of convenience of 90 elderly which will be divided into: 45 institutionalized elderly was recruited from Hedaya Barakat geriatric home in El-Dokki district, Giza city, Egypt and 45 non-institutionalized elderly was recruited from Pension and Disbursement settings, Cairo district, Egypt. Socio-demographic sheet, and psychological problems scale for elderly. The findings revealed that; the studied institutionalized elderly had higher levels of anxiety, loneliness, and depression than non institutionalized elderly and it was major problems. The study concludes that, psychological problems increase with growing of age among elderly. Recommendation: nursing by education programs should be held for psychiatric mental health nurses in order to help families develop a better understanding of elderly people health needs.

Keywords: psychological problems, institutionalized, non-institutionalized and elderly people.

Introduction

Ageing is a normal inevitable and universal phenomenon; literally ageing refers to the effects of age, commonly speaking, means the various effects or manifestation of old age. In this sense ageing refers to various deterioration in elderly people (Devi and Roopa, 2013). Aging is not a uniform experience among senior citizens. Elderly people are highly prone to mental morbidities due to ageing of the brain, problems associated with physical health, cerebral pathology and socioeconomic factors (Joseph, Ranjith and Kaur, 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). 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 psychological problems for elderly people include confusion, failing of memory, over concern about one's health, irritability, lessening of interest and conversation, anxiety, fear of death and restlessness. In addition, the old age is likely to be a time of depression, family relationships change, occupational status is lost and friend's die, decreased physical vigor forces for the elderly people to give up many activities that formerly brought satisfaction, financial resources become so limited, and are a cause of acute anxiety (Jancy, 2012).

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 psychological well-being is only the first step in helping Egyptian society deal with the forthcoming demographic evolution (El-Katatney, 2009).

The nursing will continue to build the scientific base for improved quality of life for the aging population. Nurses provide the front line health care for older adults in a wide variety of settings, including preventive care in the community, acute care in hospitals, and long-term care in nursing homes and assisted living facilities. There are many challenges for nurses in clinical care to meet the needs of aging society (Grady, 2011).

2. Significance of the study

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, psychological 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 psychological problems and increasing dependency.

Moreover, 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).

Despite the importance of assessing psychological problems among elderly residing in geriatric homes and community, 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 be 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.

3. Aim

This study aims to assess psychological problems as perceived by institutionalized and non-institutionalized elderly.

4. Research question

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

Q1 What are the psychological problems as perceived by institutionalized and non-institutionalized elderly?

5. 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, psychological 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 psychological problems of ageing will be via successful aging (Redfern and Ross, 2009).

6. Research design

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

7. Sample

A sample was collected by using a sample of convenience of 180 elderly which was divided into two groups (90 institutionalized and 90 non-institutionalized elderly) were selected according to the following criteria: institutionalized elderly residing in the geriatric home for more than one year, non-institutionalized elderly residing with their families in the community dwelling, male and female, aged 60 years or more, capable of verbal communication, demonstrating no obvious cognitive impairments, hearing, speech impairments and free from any psychiatric disorders.

8. Setting

This study was carried out at two settings; Institutionalized sample was recruited from Hedy 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 is involved in providing care to the residents. The health team consists of two social workers, three nurses, dietitians, and workers. Non-institutionalized sample was recruited from pension and disburse settings, Tura El-Esment and Tura El-Balad post offices district, Cairo City.

9. Tools

Data were collected by using Socio-demographic Data Sheet, and psychological problems for elderly scale.

9.1. 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.

9.2. Psychological problems for elderly scale:

psychological problems scale: It includes 4 categories; the first category consists of 8 items, which reflect anxiety such as: " I behave nervously and worry " and " I feel worry about the future ". The second category consists of 10 items which reflect feeling of loneliness such as: " I feel lonely "and" I feel defeated ". The 3rd category includes 9 items which reflect the feeling of depression such as: " I do not have hope "and" I feel despair and depression ". The 4th category consists of 11 items which reflect self-esteem such as: "I feel being useless" and "I have self confidence ". Psychological problems scale was used to assess psychological problems essential to elderly people such as, feeling of depression, feeling of loneliness, having self esteem, experience quality of life and feeling of anxious. 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 46, 51, 56, 64-68 & 71. The tool's scoring system is low= (0-9), moderate= (10-19) and high= (20-28) .The reliability test of the tool was measured by Cronbach's alpha test = (0.902) indicating a high degree of internal consistency.

10. 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.

11. Results

11.1. Socio-demographic data

Table 1. Distribution of age among the studied institutionalized and non-institutionalized elderly (n=180)

Items	(•)In.		(••)Non.	
	No.	%	No.	%
Age(years)				
60-	42	46.7	66	73.3
70-	40	44.4	21	23.3
Sex				
Male	30	33.3	29	32.2
Female	60	66.7	61	67.8
Marital status				
Married	8	8.9	29	32.3
Single	13	14.4	0	0
Widow	57	63.3	57	63.3
Divorced	12	13.4	4	4.4

(•) Institutionalized elderly (••) Non-institutionalized elderly

*Significance level at $p < 0.05$

The studied sample consists of 180 institutionalized and non institutionalized elderly, 91.1% and 96.6% (table 1) their age ranged between 60 to less than 80 years for the studied institutionalized and non institutionalized elderly respectively.

As regards sex (table 1) reveals that, 66.7% and 67.8% of the studied institutionalized and non institutionalized elderly were females respectively.

As regards marital status (table 1) reveals that, slightly less than two third 63.3% of the studied institutionalized and non institutionalized elderly were widowed.

Table 2. Living arrangement at geriatric home as reported by the studied institutionalized elderly (n=90).

Items	Institutionalized elderly	
	No	%
**Reasons for staying at geriatric homes		
No one care for me	69	76.7
Feeling loneliness	71	78.9
No special home for me	4	4.4
Avoidance of family problems	6	6.7

**Numbers are not mutually exclusive

As regards reasons for entering geriatric home (table 2), 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.

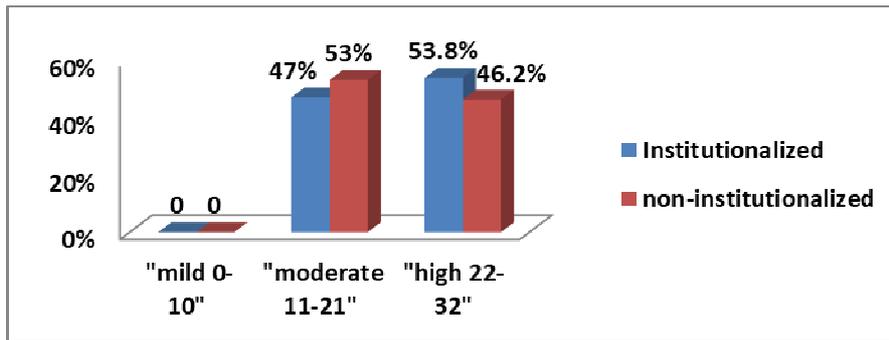


Figure1. Levels of anxiety among the studied institutionalized and non- institutionalized elderly (n=180).

11.2. Psychological problems as perceived by the studied institutionalized and non-institutionalized elderly (Figure 1) reveals that, 53.8% and 53% among the studied institutionalized & non-institutionalized elderly reported that they had high & moderate levels of anxiety respectively.

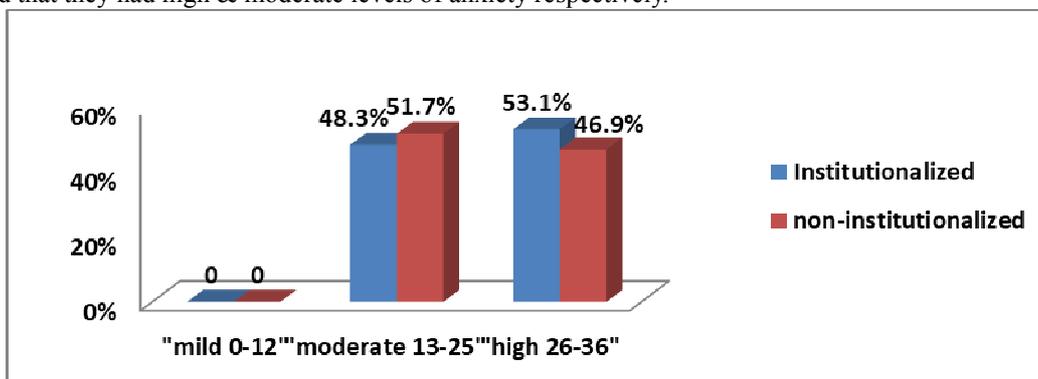


Figure 2. Levels of depression among the studied institutionalized and non- institutionalized elderly (n=180).

(Figure 2) reveals that, 53.1% and 51.7% among studied institutionalized and non-institutionalized elderly reported that they had high & moderate levels of depression respectively.

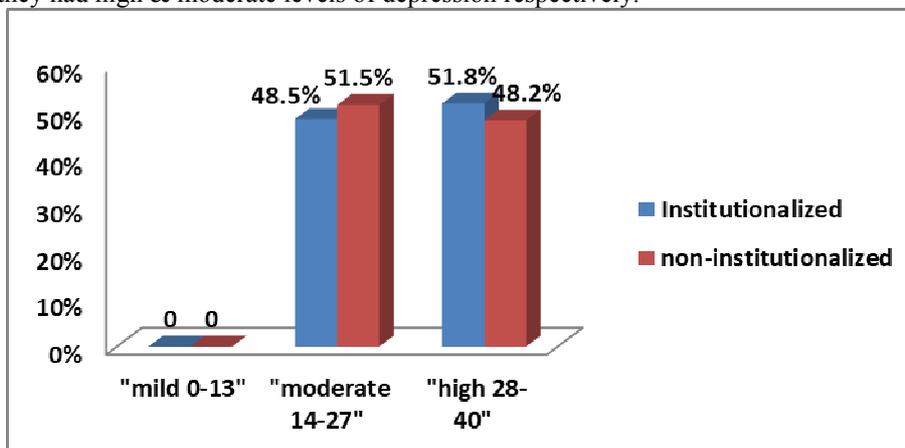


Figure 3. Levels of loneliness among the studied institutionalized and non-institutionalized elderly (n=180).

(Figure 3) reveals that, 51.8% and 51.5% among studied institutionalized and non-institutionalized elderly reported that they had high & moderate levels of loneliness respectively.

11.3. Psychological problems differences among the studied institutionalized and non-institutionalized elderly as regard their age (n=180).

Table 3. Psychological problems differences among the studied institutionalized and non-institutionalized elderly as regard their age (n=180).

Items		Age			f	p
		60-	70-	>80		
		M ±SD	M ±SD	M ±SD		
Anxiety	•In.	21.47±3.68	21.07±3.51	23.25±2.60	.95	.38
	••Non.	21.83±5.16	21.33±5.17	22.66±6.42		
Loneliness	•In.	27.16±4.89	28.47±4.22	30.87±4.48	4.06	.01*
	••Non.	26.93±3.59	28.57±4.43	27.33±3.05		
Depression	•In.	24.64±4.71	25.22±4.56	25.12±5.33	.25	.77
	••Non.	24.46±4.68	24.71±4.42	22.66±3.05		

Statistically significant difference was found between their feeling loneliness and age (table 3) among the studied institutionalized and non-institutionalized elderly where $f=4.06$ at $p=.01$.

12. Discussion

12.1. According to the Socio-demographic characteristics of the studied elderly

In this study the results indicated that majority of the studied subjects their age ranged between sixty to less than eighty years. 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 residents at geriatric home as compared to eighty three percent their age ranged between sixty to seventy nine years for the studied elderly who live with their families.

The current study finding also showed that, statistically significant difference was found between feeling loneliness and age among the studied elderly. This indicates that age can affect on feeling of loneliness through old age with more than 60 years is more easily influenced to feel loneliness especially after retirement phase. From interviewing with the elderly people of this study, some of them express their perception of being old as: Egyptian old age is living with no future to look forward to and consider themselves in the last stage of life. In addition, growing of age can decrease social network size, decrease social roles, increased functional limitations, social isolation, and chronic diseases for elderly people that reduce social involvement. Also, deaths of friends or family members may cause their feeling of loneliness. So, all of these factors explain the effectiveness of age on feeling of loneliness.

The findings of the current study are consistent with Victor, (2005) who found that, feeling of loneliness increase with age due to shrinking of social network, loss of family members and friends or partner.

In relation to sex, the current study result revealed that, females represented about two third of the studied 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. Further, Onder, Liperoti, Soldato, and Carpenter, (2007) reported that, female seniors live more in the community than males, in contrast with the context experienced by those residents at geriatric home were equal proportions of sex.

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. This result is also supported by Barakat, (2008) who reported that the fact that females in Egyptian culture are married younger than males so that, loss of spouse is much more frequent for women than for men.

Considering the main causes of being residence at geriatric home among the studied residence at geriatric home, the present study result revealed that, more than three-quarters of the studied residence of geriatric home reported that, feeling of loneliness and isolation was the main cause of being residence at geriatric home especially after marriage of sons and daughters, or death of spouse.

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 residence of geriatric home answered that no adequate care for them at their own home is the main cause of being residence at geriatric home.

12.2. The psychological problems as perceived by the studied elderly

The current findings also revealed that, residence at geriatric home have higher level of anxiety than non-residence at geriatric home. This may be due to living arrangements may have negative effects on psychological health of residents, and it is accompanied by their feeling of lack of control over one's own life, and inability to make decisions regarding daily issues. In agreement with the current study result, Singh, Lall, and Jain, (2013) in their study found that, more than one-third of residences at geriatric home have higher level of anxiety than more than quarter of non-residences at geriatric home.

The study findings also proved that, residences at geriatric home have higher level of feeling loneliness and depression than non-residences at geriatric home. This may be due to residences at geriatric home feel neglecting from others, feeling of boring and isolation from society. Similar findings have been reported by Kim, (2006) who clarified that, the residences at geriatric home had higher level of feeling loneliness than non-residences at geriatric home. This study finding also is congruent with Silva, Sousa, and Ferreira, (2012) who revealed that, more than one-third of residences at geriatric home had mild level of depression and twelve percent of them had high level of depression.

13. Conclusion

This study clearly concludes that, aging is associated with psychological problems for institutionalized and non institutionalized elderly. Moreover, the studied institutionalized elderly had higher levels of anxiety, loneliness, and depression than non institutionalized elderly and it was major problems.

The study results indicate that depression among the studied elderly in the institutions and in the community are due to loss of independence, inability to continue previous occupation, feeling of isolation and loneliness, lack of privacy and meaningful occupation.

14. Recommendations

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

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

14.2. The geriatric homes should permit the elderly individuals keep open communication links with the family, friends, and society to enhance their social relations and reducing their feeling of loneliness.

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

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