Assessment of Psychosocial Problems among old Age at Geriatric Homes in Baghdad City

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Abstract: Elderly is a normal development of human and it is the final part of the life span. Aging is approach of time related change that occurs throughout life. It includes all aspects of the organism. It doesn't necessary occur in an interrelated or concurrent manner, but it does involve physiological, psychological and social variation that interact to influence behaviour and adaptation.

Objectives: The study aims to assess the social problems among adults Old age in Geriatric Home, and explore the association between social characteristics and the psychosocial health problems.

Methodology: A cross- sectional study in assessment approach in applied in order to obtain the earlier stated objectives. The study was initiated from October 1st t, 2018 to April 30th , 2019.

Results: The results of the study show that the most of the study sample were female, mean age is (70) years marital status is divorced, level of education is elementary school graduates (32.0%), monthly income, less than a half reported that their monthly income is insufficient (46.0%), Less than a half reported that they do so because there is no who cares for them (48.0%).

Conclusion: The study reveals that there is a strong relation between psychosocial problems and older adult at Geriatric Homes.

Recommendation: The study Recommended that education program or Pamphlet or booklet should be designed and distributes for older adult in houses for further information about caring with elders with psychosocial problems.

Keywords: Assessment, Psychosocial Problems, Adult old Age and Geriatric Homes.

1. Introduction:

The population in world has never been as mature as now. Currently, the number of people aged 60 and over is more than 800 million. Projection indicates that this figure will increase to over two billion in 2050. People aged 60 can now expect to survive an additional 18.5 to 21.6 Years. Sooner or later the world will have a higher number of older adults than children. Contrary to common sense perceptions, the majority of older people live in low and middle income countries, and some of the fastest rates of ageing are occurring in these areas (1). Adult old age is a normal part of human development and it is the final phase of the life span. Aging is a process of time related change that occurs throughout life. It involves all aspects of the organism. It does not necessary occur in an interrelated or synchronous manner, but it does involve physiological, psychological and social changes that interact to influence behavior and adaptation(2).Adult old age can also experience periods of depression, anxiety, and grief, which can be natural ramification of living in an aging body. In the early years of our nation most people did not live to be as old as persons do today and those who were usually cared for by their own families. However, as mentioned earlier, people are living longer and the elderly concern as more and more people are living into the eight ninth decade of life. (3)

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2. Methodology:

A descriptive cross-sectional study design was applied in order to obtain the objectives. The study was initiated from October 1 st, 2018 to April 30th, 2019.The study has been related to Nursing Ministry of labor and social affairs (Geriatric Homes) in Baghdad City. Sample random sample (probability) sample of (100) male and female older adults in Baghdad City. Self- administrative questionnaire and interview approach was constructed by researcher to investigate for the study depending on literatures, the related earlier studies. The constructed questionnaires consist of 2 parts: the 1st part contained the demographic characteristic for older adult the 2ed part related to the older adult psychosocial health problems to elders in Geriatric Homes in Baghdad City include by using two level and score as (2) for yes answer and (1) for No answer. Validity for the instrument was determined through the use 10 experts to investigate the clarity, relevancy and adequacy of the questionnaire in order to obtain the present of research objectives.   After the expert response to the questionnaire the researcher was make simple revision for the questionnaire, modification in the final copy of the constructed instrument was completed to be an adequate tool for collecting data. A pilot study was carrying out for older adult Homes in Baghdad City and excluded the ability of assessment to study by large samples.   The reliability of the instrument was determined through the (test and retest method), the results of the reliability was 0.75. The data collected through the utilization of the self- administrative questionnaire and interview approach, Self- administrative questionnaire use for all older adult was cooperation with the researchers. Filling the questionnaire takes approximately 15- 20 minutes. The data analysed through statistical analysis was done using statistical package for social Sciences (SPSS v20.0).

3. Results:

The majority participants were females (58.0%) compared to males (42.0%). The mean age is 70.10 ± 9.54; more than a third age 61-70-years (36.0%), followed by those who age 71-80-years (34.0%), those who age 50-60-years (16.0%), and those who age 81-years and older (14.0%). Regarding the marital status, more than two-fifth are divorced (44.0%), followed by those who are widowers (28.0%), those who are married (16.0%), and those who are not married (12.0%). With respect to the level of education, less than a third are elementary school graduates (32.0%), followed by those who are high school graduates (20.0%), those who hold a diploma degree (16.0%), those who are middle school graduates (12.0%), those who are both unable to read and write and read and write (n = 4; 8.0%) for each of them, and those who hold a bachelor's degree and above (4.0%).With respect to monthly income, less than a half reported that their monthly income is insufficient (46.0%), followed by those who described it as sufficient (40.0%), and those who described it as somewhat sufficient (14.0%). More than a half reported that their income is from various sources (54.0%) compared to retirement salary (46.0%).As per the causes of living in geriatric home, less than a half reported that they do so because there is no who cares for them (n = 24; 48.0%), followed by family problems (38.0%), and mandatory (14.0%). Most reported that they are non-smokers (74.0%) compared to smokers (n = 13; 26.0%). Less than a half has DM (46.0%), hypertension (46.0%), heart disease (16.0%), and those who have CVA and glaucoma (2.0%) for each of them. Lastly, less than a half reported that they did surgery (48.0%).

Table (1) *Participants' medical history (N = 50)*

Variable	Frequency	Percent
Do you smoke? Yes	13	26.0
No	37	74.0

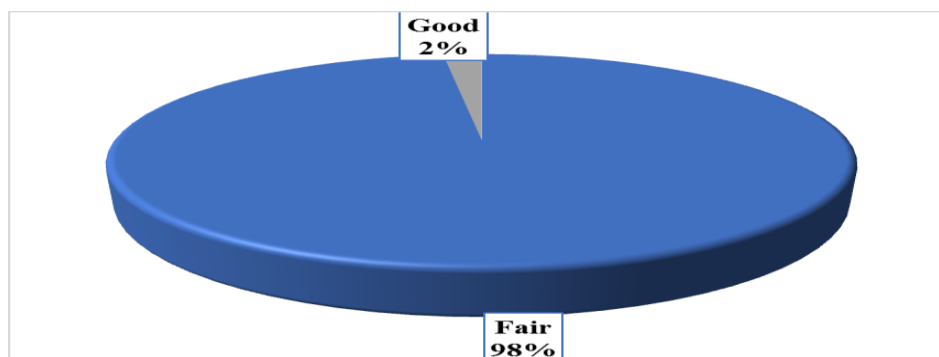|		
Diabetes mellitus	23	46.0
Hypertension	23	46.0
Heart disease	8	16.0
CVA	1	2.0
Glaucoma	1	2.0
Did you make surgery? Yes	24	48.0
No	26	52.0

Figure 1. Levels of psychosocial problems

The vast majority have a fair level of psychosocial wellbeing (n = 49; 98.0%).

Table (2) Difference in psychosocial problems between gender groups

		I.S.Test								
		Levene's for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	Df	Sig. (2-tailed)	Mean	Std. Error	95% Confidence Interval of the	
									Lower	Upper
Wellbeing	Equal variances assumed	.349	.557	-1.039-	48	.304	-3.78325-	3.64045	-11.10286-	3.53636
	Equal variances not assumed			-1.021-	40.372	.313	-3.78325-	3.70428	-11.26773-	3.70123

Table (3) Association between psychosocial wellbeing among old Age and (age groups, level of education, monthly income and causes of residing in geriatric home).

Demographic Variable		Sum of Squares	df[*]	Mean of Square	F	S.
Age	Between Groups	633.118	3	211.039	1.332	.276
	Within Groups	7289.362	46	158.464		
	total	7922.480	49			
Level of education	Between Groups	1819.230	6	303.205	2.136	.068
	Within Groups	6103.250	43	141.936		
	Total	7922.480	49			
Monthly income	Between Groups	438.047	2	219.023	1.375	.263
	Within Groups	7484.433	47	159.243		
	Total	7922.480	49			
Causes of residing in geriatric home	Between Groups	270.351	2	135.176	.830	.442
	Within Groups	7652.129	47	162.811		
	Total	7922.480	49			

Table (4) Difference in psychosocial wellbeing between smoking status groups

		Levene's for Equality of Variances		t-test of Means						
I. S. Test										
		F	Sig.	t	df	Sig. (2-tailed)	Mean	Std. Error	95% Confidence Interval of the	
									Lower	Upper
Wellbeing	Equal variances assumed	1.207	.277	-.598-	48	.552	-2.46985-	4.12675	-10.76724-	5.82753
	Equal variances not assumed			-.551-	18.367	.588	-2.46985-	4.48354	-11.87595-	6.93624

4. Discussion:

The results show the plurality of the study were maleare females (58.0%) compared to males (42.0%). The mean age is 70.10 ± 9.54; regarding the marital status, more than two-fifth are divorced (44.0%), followed by those who are widowers (28.0%), those who are married (; 16.0%), and those who are not married (12.0%). With respect to the level of education, less than a third are elementary school graduates (32.0%), followed by those who are high school graduates (20.0%), those who hold a diploma degree (16.0%), those who are middle school graduates (12.0%), those who are both unable to read and write and read and write (8.0%) for each of them, and those who hold a bachelor's degree and above (4.0%).With respect to monthly income, less than a half reported that their monthly income is insufficient (46.0%), More than a half reported that their income is from various sources (54.0%) compared to retirement salary (46.0%). Less than a half reported that they do so because there is no who cares for them (48.0%), followed by family problems (38.0%), and mandatory (14.0%).This agree with (Adeleke et al. 2017)(4) . Table (1) shows that non-smokers (37; 74.0%) compared to smokers (13; 26.0%). Less than a half has DM (46.0%), hypertension (46.0%), heart disease (16.0%), and those who have CVA and glaucoma (2.0%) for each of them. Lastly, less than a half reported that they did surgery (48.0%).(Abdullah et al. 2006) stated in their study that bear from psychosocial problems (Cognitive disorders(Sever Amnesia (RS(73.33%)), Mental confusion (RS(71.33%)); Anxiety (RS(88%)); Depression (Sever sadness (RS(84.67%)); Anger(RS(94.67%) ; and Low self-esteem (Feeling of in confidence about future (RS(75.33%)(5). The study showed significant difference in participants' psychosocial difference between gender groups. The results disagreed with (Naveen et al, 2014) which showed in their study there were difference in participants' psychosocial difference between gender groups. Results of the study finding there is not statistically significant in sample's psychosocial difference among age groups, level of education groupsandis no statistically significant difference in participants' psychosocial difference among monthly income groups(6).Finally the study shows there no statistically significant difference in participants' psychosocial difference among causes of residing in geriatric home groups. This disagree with (Al-Elaiawy et al. 2006) who state there is a strong relation between psychosocial difference among causes of residing in geriatric home groups(5).

5. Conclusions:

The studies demonstrate thatthereare strong relations between psychosocial problems and older adult at geriatric homes and that are association between psychosocial problems and marital status also with age group. We recommend to There is need to design Pamphlet or booklet and distributes for nurses in older adult houses for further information about caring with elders with psychosocial problems

6. References

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