

Older Adult Social Needs Nursing Home

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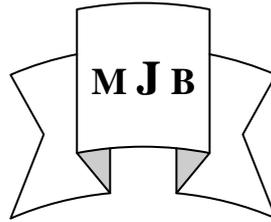
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Abstract

A nursing home is usually the main place of caring for older adults when family attendances are inattentive. The concept of nursing homes is becoming out-of-date, noting that the society is working to develop a new model for caring of older adult. The purpose of the study is to review social needs for elderly in nursing homes in Jordan. The study was used with clients who were residing in nursing homes. A convenience sampling method (n= 155). Residents were selected; a questionnaire was constructed as tools for data collection by the researcher for the purpose of the study. Content validity was determined by a panel of experts in different specialties. Reliability of instrument was determined by the use of test-retest approach through the pilot study which was carried out and was used as tools for data collection. The findings revealed that, majority of the residents were widowed who represented 38.1%. Only 15.5% of them were visited by their family relatives more than 5 times during the year. The study depicted that 61.3% had trusted staff and 25.1 % had trusted friends in the nursing home. In regard to loneliness, 66.5% of subjects had been feeling aloneness and they required outside assistance. Older adult were suffering from compressive of social factors that caused psychological health problems which need to policy to solve those factors.

Key words: social function, older adult, nursing homes

الخلاصة

تعتبر دور المسنين المكان الرئيسي الذي يعتني بهذه الشريحة عند عجز العائلة من القيام بذلك، وأصبح مفهوم الرعاية في هذه الدور غير مستوفي المستجدات العصرية التي يحتاجها المسن من تطوير الخدمات لهم.

الأهداف: تهدف هذه الدراسة إلى التعرف على الاحتياجات الاجتماعية في دور رعاية المسنين.

المنهجية: دراسة وصفية أجريت في المملكة الأردنية الهاشمية للمقيمين بصورة دائمية في دور المسنين للفترة من شهر تموز / ٢٠١٠- إلى شهر شباط / ٢٠١١ واستخدمت أداة تم تطويرها لمعرفة الاحتياجات الاجتماعية بعد قياس الثبات والمصدقية لها، وكانت العينة التي استخدمها الباحثون (١٥٥) من المسنين وتتضمن جنس (الإناث والذكور).

النتائج: استنتجت الدراسة إن اغلب المسنين في الدور للرعاية من المطلقين والمطلقات (٣٨,١%) وهناك نسبة قليلة ممن يزارون من قبل عوائلهم (١٥,٥%) وهناك نسبة كبرى يشعرون بالوحدة (٦٦,٥%).

الاستنتاج: استنتجت الدراسة بان هناك وجود ضغوطات اجتماعية تقضي إلى حصول أمراض نفسية مؤثرة على حياة وصحة المسنين.

التوصيات: وضع الحلول على دور رعاية المسنين والدعم والأهمية فيها ، إيجاد وبناء سياسات جديدة تسهل وتقلل العوامل الاجتماعية على رعاية المسنين.

Introduction

An nursing home is usually the main place of caring for older adults when family attendances are inattentive. The concept of nursing homes is becoming out-of-date, noting that the society is working to develop a new model for caring of older adult by establishing smaller-scale "houses".[1] According to Jordanian Health Ministry figures, 5.2 % of the population in Jordan aged 65 and above, a rate which is expected to reach 7.6 % in 2020. Most of Jordanian older adult live with their families because of the culture and the family boundaries, although there are 10 nursing homes in the Hashemite Kingdom of Jordan, which host 280 residences of older adult. The cost of each guest at the nursing home is JD360 per month, and the Jordanian Ministry of Social Development covers JD170 of this cost.[1] Life expectancy in Jordan regarding vital statistics in 2011 for male is 78.7 and for female is 81.5.[2]

'Quality of ageing' is rapidly becoming one of the most important social, political and health priorities of the early 21st century.[3]

Margaret and Verna, 2010 State that older adult need to social welfare policy, it is evident that secondary benefits (such as the medical card, electricity and telephone allowances, free travel and fuel allowance) are important in supplementing income for older people living alone[6].

Munyisia Mhinfo and et al, 2011 mentioned in study done in Australia, "A total of 430 activities were recorded for Registered Nurses, 331 for Endorsed Enrolled Nurses, 5276 for Personal Careers, and 501 for Recreational Activity Officers.[7] Registered Nurses spent 48.4% of their time on communication and 18.1% on medication management. Endorsed

Enrolled Nurses spent 37.7% on communication and 29.0% on documentation tasks. Communication was the most time-consuming activity for Recreational Activity Officers and Personal Careers," except that Personal Careers in a high care house spent more time on direct care duties. Hygiene duties and resident interaction were more frequently multitasked by the nursing staff in high care than in low care house. The present study aims to know the older adult social needs regarding Jordanian nursing home care strategies.

Methodology

A cross sectional design was used in this study. Older adult who reside in five nursing homes in Amman were recruited using a convenience sampling method (n= 155). All older adult residents were identified by reviewing their medical files. Older adults were accessed detail information about the purpose and the strategy of data collection procedure. When older adult agreed to participate in the study, they were asked to sign a consent form. Older adults were eligible for participation in this study if they were Jordanian, were older than 60 years, were cognitively competent, were lived in the nursing home for more than six months, had a family and friends who were visiting him at least three times during the previous year. During personal interview, self-report questionnaires were used to collect data. First questionnaire was about socio-demographics and health profile of the subjects. The second questionnaire was about the social resources and services of the older adults. Questionnaire was designed by researchers, data about family structure, patterns of friends and visiting, availability of a confident, satisfaction with the degree of social interaction and availability of a helper

in the event of illness or disability. The instrument includes 12 items were applied in the research setting. Items were ranking according to the responding of the subjects. In this study the researcher used only social dimension population in Jordan, Reliability and validity of the questionnaire was determined through Test-retest reliability computed for determination of the instrument reliability which is $r = 0.87$. The data collection of the present study started from November, 1st 2009 through December, 31st 2010. The research study proposal was presented to and approved by the

scientific and ethics committee of the Al-Zaytoonah University, the responsible body of the nursing homes in Jordan. Confidentiality and anonymity were assured. The researchers used all measures necessary to ensure protection of the older adults' rights.

Data analysis was performed with statistical package for social science (SPSS 17). Double data entry, checking for outliers, and checking missed observation were evaluated. To analyze the data, descriptive in addition to inferential statistics were carried out.

Results

Table 1 Demographic characteristics of the study sample:

Variable	%	n	
Age	60-63	40.1	62
	64-66	20.7	32
	67-69	20.1	31
	70-72	10.3	16
	73-75	03.2	5
	76-and more	05.6	12
Gender	Women	23.8	37
	men	76.2	118
Marital status	Married	37 23.9	37
	Unmarried	21.3	33
	Widow	38.1	59
	Divorced	12.9	20
	No answer	3.9	6

The majority of the older adults fall between 60 and 63 year old. Forty percent of the older adults were aged between 64 and 69 years old. More

than three quarters of the subjects were men. The majority of the older adults were widowed\widowers then married.

Table 2 List of visiting from the family:

Visiting persons	%	Frequency
More than 5 persons	15.5	24
From 3-4 persons	6.5	10
From 1-2 person	13.5	21
No visit	64.5	100
Total	100	155

The residents; the majority of residents (64.5%) did not have any visitors. The vesting of visiting from the family

Table 3 People trusted by the study respondents:

Persons who trust	%	Frequency
Staff	61.3	95
Family	9.7	15
Friends	25.1	39
Don't know	3.9	6
Total	100	155

The people who were trusted by the study 61.3 as illustrated in the study sample was trusted staff, while 25.1 %

next trusted their friends and badly they trusted their family members 9.7%.

Table 4 believed by the study sample:-

Loneliness	%	frequency
Yes	66.5	103
No	25.8	40
No answer	7.7	12
Total	100	155

This table loneliness as believed by the study sample

Table 5 Required help from inside

Clients help	%	Inside Nursing Home	%	Outside nursing Home
Staff	51.6	80	N A	N A
Family	N A	N A	6.4	10
Friends	6.1	10	5.8	9
Don't know	42	65	87.8	136
Total	100	155	100	155

Shows that (42%) of them did not know who would help them while (51.6%) of them. Not applicable= N A

Table 6 Outside of the home on trips :

Trips	%	Frequency
Yes	54.8	85
No	38.7	60
No answer	6.5	10
Total	100	155

shows that 54.8% of them had the chance to go.

Table 7 Visiting religion places:

Trips type	%	Frequency
Religion	61.2	52
Inside	38.8	33
Total	100	155

shows that the 61.2% of them usually.

Discussion

This study aimed to investigate the social needs which effect psychological health of older adults. The researchers used questionnaire to collect data which conducted in five nursing homes; their age as shown in table (1) showed that the greatest numbers of the residents were between (60-63) years old which accounted for (40.1. %). This mean, that the majority of them were (youngest) in contrast, those who consider (oldest) (93-102) which represented (1.9%) of the sample. Life expectancy is higher in Jordan than in most developing countries, averaging (63) years for men and women which represent (6.3%) of older people out of the population. with respect to gender, table (1), shows that (23.8%) of the sample were women while the majority of them which represents (76.2%) were men, In fact the life expectancy for women is higher. Because of their life expectancy is greater. In respect to marital status, many of the residents were widowed (38.1%), loneness due to divorce or widow is strongly associated with diminished immune response according to Ammar W, Mechbal [8].

Table (2) shows that the majority of older adult had (64.5%) no one visit them neither friends nor relatives, only 15.5% of them were visited by their family more the5 times per year ,(6.5%) of them were visited (3-4 visit) and (13.5%) of the subjects were visited (1-2) times. The sense of being cut off from people and things of importance is an experienced by older adult could be the risk of social isolation includes physical disability or illness. The recent loss of a spouse can lied to social isolation as the

person withdraws because of feeling of loneliness. Their social contacts have become eroded after the death of their spouse and then gradually other family members and friends. Their health may be declining, limiting their ability to participate in social activity [8].

Regarding to person to whom the older adult trust, study findings shows that 61.3% of them trusted especially nursing home staff, and 25.1% trusted their friends in the nursing home while the lowest were trusting just with the family members.

According to table (3), trust is based on a perception of the probability that other agents will behave in a way that is expected. This gives the impression that older adult tend to more readily accept those who have a similar background and common life elements with which they can identify.

With regard to loneliness, we found that 66.5% of the subjects feel the loneness and they needed outside assistance especially in case of illness or disability and greatest risk of social isolation. In all over the world, It has been estimated that 14% of the older adult living alone, feeling unseen or unknown. Social isolation of older adult often carry a heavy burden of shame which can isolate older adult from others, contributing to more loneliness. [9]

Regard the client's help, (table 4) shows that 42% of them didn't know or answer this question, while 51.6% of them need help from nursing home staff with bathing, eating or taking medications. The greatest help usually came from the staff of the residency; and the result shows that no one in the

nursing homes believed that their families could help them in doing level of daily activities regard social needs. (Table 5) regarding client's trips outside nursing home which showed (54.8%) of them had a chance to have a trip for visiting family, friends or religion purposes, while only 38.7% of them had no chance to go outside because of their disabilities and illnesses. The holidays could create a number of images which may bring to mind close time with family and in some instances the image may be a sense of loneliness, the pinch of limited finances changes and losses in the relationships, or juggling competing social demands. They added that the gap between ones ideas in ones mind might help not only to survive the holidays but appreciate others for what they are and can be [10].

Religious activities and socializing within faith communities is an important form of participation for older adult in most of the cities. Older adult may be well-known and esteemed within their local faith community. These communities are usually welcoming and inclusive too, facilitating participation by people who may be at risk of becoming isolated. (United Nations, 2002). In fact watching television remains their only source of leisure and connection with society.

Conclusion

Older adult in residences had social problems regarding family visiting, loneliness, help and trip. Most of older adult Suffering from compressive of social factors that caused psychological health problems which need to policy to solve those factors.

Recommendations

The study recommended that the leaders of the nursing homes must focusing more on: 1. Increasing the facilities of social relation through

more communication, using phone and increasing visiting time between the older adult and their families through the social worker of the nursing home.

2. Get out of the nursing home and meet other people, invite people to nursing home, arrange regular times for getting together with friends and family members, find activities that involve doing things and go for walks in places where there is a good chance of meeting other people .

3. Make chances to went to Mosques or church which are good places for older adult to participate in society and reinforcement of their faith.

4. A geriatric nurse at a nursing home conducts a reminiscence therapy group to promotes an older adult's sense of security.

5. Looking for a professional therapist, there are likely some resources nearby to help the residency, recreation programs, and counseling agencies exist in many communities and mental health agency.

6. Better integration of generations is seen as a way to counter ageism in society.

7. Training is seen as a way to enable people to connect with the workforce and to participate (handcrafts and gardening).

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