General Social Function for Elderly in Geriatric Homes in Jordan

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الخلاصـــة:

الهـــدف: تقييم العوامل الاجتماعية العامة لكبار السن في دور رعاية المسنين في الأردن.

المنهجيّـــة: شملت العينة ١٥٥ مقيم في خمسة دور للمسنين وقد استعمل مقياس خاص معتمد لإحدى الجامعات العالمية (Duck University) لقياس العوامل الاجتماعية لكبار السن؛ يسمى اختصاراً (اوارا) كإحدى الأدوات لجمع المعلومات وقد شملت أداة البحث استبياناً عـن العوامـل الاجتماعية المؤثرة على الصحة النفسية والجسمية للمسن وتشمل معلومات عن تركيب العائلة وطبيعة ومستوى العلاقة مع الأصـدقاء وطبيعـة الزيارات للمسن ومستوى قناعة المسن بالعلاقات الاجتماعية في الدار، فضلاً عن مدى توفر المساعدة في حالة المرض أو الحاجة العامة وكذلك برنامج الرحلات في الدور.

النتائـــج: أظهرت نتائج البحث أنّ مُعدّل متوسط الأعمار لكبار السن من النساء كان أعلى من الذكور وتبيّن بأنّ أغلب المقيمين كانوا من الأرامل والتي كانت تمثل (٣٨,١%)، كما تبيّن أنّ (١٥,٥%) فقط كانوا يتلقون زيارات من أسرهم لأكثر من خمس مرّات في السنة. وأظهرت الدراسة بأنّ (٦١,٣%) كان لديهم ثقة بالملاك العامل في الدار وأنّ (٢٥,١%) كان لديهم الثقة بأصدقائهم في الدار. أمّا بالنسبة للوحدة، فإنّ النتائج أظهرت بأنّ (٦٦,٥%) كانوا يشعرون بالوحدة ويحتاجون إلى المساعدة من خارج الدار وأنّ (٤٢.%) منهم لم يستطيعوا الإجابة على هذا السؤال، بينما تبيّن بأنّ (٥١,٦%) كانوا يحتاجون إلى المساعدة من داخل الدار عند الاستحمام وتناول الطعام أو اخذ الدواء، وبالنسبة للرحلات خارج الدار، بيّنت الدراسة بأنّ (٥٤,٨%) كانت لديهم فرصة للقيام برحلة خارج الدار لزيارة أسرهم وأصدقائهم أو لأغراض دينية.

التوصيات: أوصت الدراسة بأنّ القيادات في دور المسنين يجب أن يهتموا أكثر بتقديم التسهيلات الاجتماعية للمسنين من خـلال المزيـد مـن الاتصالات وزيادة أوقات الزيارات من قبل المسنين وأسرهم من خلال الباحث الاجتماعي للدار وأوصت الدراسة بـضرورة القيـام بزيـارات خارج الدار واستقدام أناس لزيارة الدار وإيجاد أوقات للقيام بهذه الزيارات مع الأسرة والأصدقاء وإيجاد نشاطات للعمل.

Abstract

Objectives: To assess general social factors for elderly in geriatric homes in Jordan.

Methodology: The study was conducted for clients residing in elderly homes. A purposive sample of (155) residents were selected. Social resource scale by (Duck University Center) called (OARA) older adult resources and services was used as tool for data collection. The questions extract 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 and the program of trips in the houses.

Results: The findings revealed that the life expectancy for women is greater than for men. In respect to marital status, the majority of the residents were widows who represented (38.1). Only (15.5%) of them were visited by their family more than (5) times in the year. The study shows that (61.3%) of them have trust to the home's staff and (25.1%) to their friends in the home. In regard to loneliness, (66.5%) of them feels loneliness and they need outside assistance. In regard to clients' help, (42%) of them could not know or answer this question. While, (51.6%) of them need help from inside on bathing, eating or taking medication. In relation to clients trips outside home, (54.8%) of them have the chance to go outside the home for trip; mainly for visiting family, friends or for religious purposes.

Recommendation: The study recommended that the leaders of the homes must focus on increasing the facilities of social relation through more communication, increase visiting times between the elderly and their families through the social worker of the house, get out of the house and meet other people, invite people home, arrange regular times for getting together with friends and family members, and find activities that involve doing things.

Key words: Social Functioning of the elderly, Geriatric Homes

Introduction:

The global population age 65 or older was 600 million people as estimated in 2000; there will be 1.2 billion by 2025 and 2 billion by 2050. Today, about two thirds of all older people are living in the developing world; by 2025, it will be 75% in the developed world. The very old (age 80+) is the fastest growing population group. An increase of 10.3 millions was happened just since 2003. Projections suggest that the annual net gain will continue to exceed 10 million over the next decade more than 850,000 [(1)]. Older people are increasingly playing a crucial role by volunteering work, transmitting experience and knowledge, helping their families with caring responsibilities or in paid work. Active aging depends on a variety of influences or determinants that surround individuals, families and nations. They include

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material conditions, as well as social factors that affect individual types of behavior and feelings. All of these factors, and the interaction between them, play an important role in affecting how well these individuals' contributions can only be ensured if older persons enjoy good health and if societies address their needs.

There are legitimate reasons why health care providers should screen for social function in older people, despite the diverse concepts of what constitutes social function. First social function is correlated with physical and mental function. Alteration in activity patterns can negatively affect physical and mental health and vice versa. Second, an individual social well-being can positively affect his/her own ability to cope with physical impairment and ability to remain independent. Third, satisfactory level of social function is a significant outcome in and of itself.

The quality of life an older adult persons experience is closely linked to social function dimensions. The study attempted to identify the quality of life in older person which is closely linked to social function dimensions such as self–esteem, life satisfaction, and socioeconomic status [2, 3].

Methodology:

A descriptive inference study was carried out from Feb., 2007 through mid of March, 2007. A purposive sample of (155) residents were selected. The residences were selected from 5 elderly homes including white bed in Jweda, elderly house in Gardens, alamal house in Tilal Al-Ali, Alnuris home in zaharan site and Al-Haditha house in Al Abdali depending on the following criteria:

First: all residents who were oriented and able to make the interview and

Second: Those residents were in the home for at least 6 months.

Tools:

a. Social resource scale by (Duck University Center) called (OARA) older adult resources and services. It was used as one of the better –known measures social function for older adult [3].

b. The questions extract data about family structure, patterns of friends and visiting, availability of a confidence, satisfaction with the degree of social interaction and availability of a helper in the event of illness or disability. These items were measured and scored (A score consist of 6 points ranking from excellent social achievement to 0 for non activity).

The data were collected through the questionnaire and Interview techniques.

Results:

Table 1. Demographic characteristics of the Elderly

Age group	Frequency	Percent
42-52	11	7.3
53-62	47	30.3
63-72	82	52.9
73-82	8	5.1
83-92	4	2.5
93-102	3	1.9
Total	155	100

Table (1) shows that the greatest number of the residents was between (63-72) years old which accounted for (52.9%).

Table 2. Distribution of the sample according to their gender

Gender	Frequency	Percent
Female	37	23.8
Male	118	76.2
Total	155	100

Table (2) shows that the majority of residents were male who represents (76.2%).

Table 3. Distribution of the sample according to their marital status

Marital status	Frequency	Percent
Married	37	23.9
Unmarried	33	21.3
Widow	59	38.1
Divorced	20	12.9
No answer	6	3.9
Total	155	100

Table (3) shows that the major proportion of the residents were widow who represented (38.1%).

Table 4. Visiting Program for participants

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

Table (4) shows that majority of them (64.5%) were not having any program of visits.

Table 5. The person whom participants trust with

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

Table (5) shows that (61.3%) of them were have trust to the home staff.

Table 6. Participants' feeling of loneliness

Loneliness	Frequency	Percent
Yes	103	66.5
No	40	25.8
No answer	12	7.7
Total	155	100

Table (6) shows that (66.5%) of the sample feels loneliness.

Table 7. Source of participants' help

Clients help	Inside	Percent	Outside	Percent
Staff	80	51.6	0	0
Family	0	0	10	6.4
Friends	10	6.4	9	5.8
Do not know	65	42	136	87.8
total	155	100	155	100

Table (7) shows that (42%) of them could not know who helps him, while (51.6%) of them need help from inside, and (87.8%) do not know the source of help.

Table 8. Participants' chances to go outside of the home for trip

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

Table (8) shows that 54.8% of the participants have the chance to go outside the home for trips.

Table 9. Type of trip

Trip Type	Frequency	Percent
Religious	52	61.2
Inside	33	38.8
Total	85	100

Table (9) shows that the 61.2% of them usually visiting religious places

Discussion:

The greatest number of the residents was between (63-72) years old which accounted for (52.9%). This means that the majority of them were (young old). Contrarily, those who considered (oldest) (93-102) represented only (1.9%) of the sample. Life expectancy is higher in Jordan than in most developing countries, averaging (64-62) years for men and women. Old people represents (6.3%) of population [4].

In respect to gender, the majority of residents were male (76.2%), although the life expectancy for women is greater in Jordan [3].

In respect to marital status (Table 3), the majority of the residents were widows who represented (38.1%). Social relationships are important in quality as much as or more so than in quantity. It's the closeness of relationship that contributes positively in immune system recent loss of a spouse pattern can lead to social isolation as person withdraws because of feeling of loneliness [5, 6].

The majority of the residents represents having no one visited them (64.5%) "friends or relatives". Only (15.5%) of them were visited by their families more than (5) times in the year. This sense of being cut off from people has an important meaning for elderly. The risk for social isolation could by voluntary or involuntary which may include physical disability or illness. The recent loss of a spouse can lead to social isolation as person withdraws because of feeling of loneliness. The social contacts of elderly may 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 [7].

Regarding person to whom the elderly trust, (61.3%) of them trust home staff and (25.1%) trust their friends in the home, while the lowest trust their families.

According to a related study, "trust is based on a perception of the probability that other agents will behave in a way that is expected [8]. This gives us impression that elderly tend to more readily accept those who have similar backgrounds and common life elements with which they can identify.

In regard to loneliness, (66.5%) of residents feel loneliness and they need outside assistance especially in case of illness or disability. It is estimated that 14% of the world live alone, feeling unseen or unknown by those you know; there are difficult feeling that makes them suffer because of a belief about themselves "If I am alone, then something must be wrong with me". These neglected parts of us often carry a heavy burden of shame. Shame too can isolate us from others, contributing to our loneliness [9].

In regard to client help, (42%) of them could not know or answer this question, while (51.6%) of them need help from inside on bathing, eating or taking medications. The greatest help usually it comes from the staff inside.

Also, it arises when desired level of social relation doesn't correspond to the actual level of interest and diminish health functional ability in fourth stage make it difficult to sustain social network(9).The obvious result shows that no one of the residency believed in their family as a resource of helping them.

Regarding clients' trips outside home, (54.8%) of them have the chances to go outside of the home for trip which was for visiting family, friends or for religious purposes. About (39%) of them have no chances to go outside because of their disability or having no one to visit. When we hear the word "holidays" a number of images may bring to mind, close times with family, lying on,. For some of us, however, the images may be a sense of loneliness, the pinch of limited finances, changes and losses in our relationships, or juggling competing social demands. The gap between our expectations and our actual experience is often quite jarring.

Keeping the following ideas in mind might help you not only to survive the holidays, but to appreciate them for what they are and can be [10, 11].

Religious activities and socializing within faith communities is an important form of participation for older people in most of the cities. Older people 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. [11]. In fact, watching television remains their only source of leisure and connection with society.

Recommendations:

The study recommended that the leaders of the homes must focus more on:

1. Increasing the facilities of social relation through more communication, using phone, increase visiting time between the elderly and their family through the social worker of the house.
2. Get out of the house and meet other people, invite people 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 go to Mosques or churches which are good places for men to participate in society and reinforcement of their faith
4. A gerontological 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. Many express the opinion that community education should begin in primary school, so that people learn cultural values and to appreciate older people
7. Better integration of generations is seen as a way to counter ageism in society.
8. Training is seen as a way to enable people to connect with the workforce and to participate (handcrafts and gardening)

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