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Health-Related Needs of Elderly People Residents in Basrah Elderly Home and Out Home

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ABSTRACT

This study was conducted at the College of Nursing, University of Basrah, Iraq. The study aimed from a statistical questionnaire and health information to determine the real health needs of the elderly in the home of the elderly and outside this association. The data was taken from 40 patients in the elderly home and 40 patient out of the home in Basra, 20 male, and 20 female patients. The most important results of this study was that the percentage of anxiety in the elderly either in home (65%) or out home (75%) was high, on the other hand, arteritis in female out home was 80%, and mental retardation was of less percentage in and out home (5%). Elderly people in home elderly care practitioners of the household completed a questionnaire on requirements care, medical problems and needs which were not available to each patient. Many of the patients had complicated medical problems and were highly dependent on nursing care. Cares were unaware of medical problems among the patient's long-term care service providers; they knew that the elderly were at risk of chronic diseases. The difficulty of taking care of them and other factors that can lead to the transition to nursing homes hospitals and early death. They also knew that older people in the old age homes had to take care of them, unlike their presence among their families.

Keywords: Elderly, Residents, Out-home

INTRODUCTION

Aging is a natural process, which presents a unique challenge for all sections of society. Although the exact definition of elderly age group is controversial, it is defined as persons with a chronological age of 65 years and above [1]. The percentage of elderly, in the world population, is expected to increase rapidly from 9.5% in 1995 to 20.7% in 2050 and 30.5% in 2150. Among the elderly, the number of people aged 80 years and more will increase more rapidly over time [2]. As the probability of a human to die increases with age, most of the changes that come with aging represent various discounts. These changes are different in each organ system; the most common are cardiovascular diseases, hypertension, diabetes, chronic sensory disorders, organic brain syndromes, and accidents. It is worth to note that the effects of the old age are not only organic and physically evident but they also have psychological effects [3].

Usha, et al., pointed out that the most common social problem reported by the elderly is a feeling of loneliness [4]. The most powerful predictors of loneliness are those living alone, depressed, and those with poor understanding by the nearest and unfulfilled expectations from relatives and friends. Lower social interaction patterns and lower perceived social support were significantly related to suicidal thoughts. Active aging should be aimed by optimizing opportunities for health, participation, and security in order to enhance the quality of life as people age [5].

Sunita, et al., stated that it is the place where a person finds and expects the most encouragement, comfort and security and help if needed [6]. Elderly are most happy with family life, especially with their children. The importance of family rises with advanced age as the elderly need more support and help in their later life. They assist and help in a variety of physical task such as bathing, dressing, giving medication and feeding them. They can provide basic care to the elderly as a care provider [7].

Family provides different forms of care and support including advocacy. These are especially important for an older adult with a mental health history, disabilities and those residing in a nursing home. Family support influences the care individuals receive when living in nursing homes. A family member is most concerned and ensures that the

best possible quality care is provided to their elderly in order to promote their well-being. It means supportive roles of family results in quality care, thus family support is a key source of assistance, care, and advocacy, resulting in better care for nursing home residents [8]. Older adults prefer to spend time with their family as opposed to other acquaintances. Research suggests when time is perceived as limited, individuals prefer social networks comprised of family members and for the participation of the family in elderly care family visit is vital in an elderly home [8].

Health-care system factors, most countries lack effective health insurance system for the elderly coupled with accessibility concerns and inadequacies in the government health-care system [1].

Many of the patients had complicated medical problems and were highly dependent on nursing care. Cares were unaware of 34 medical problems among the patients and general practitioners were unaware of care needs in 8 patients. Improved communication between general practitioners and the cares in residential homes may benefit patients but proper regard must be given to the privacy and confidentiality of medical information in this setting [9].

METHODOLOGY

Total 40 patients in the elderly home were present, 20 patients were female and 20 patients were male and have a medical report about their condition of receiving them in the elderly home and 40 patients were taken to their own home among their families, and their families were asked about the problem they faced and whether they needed special care by their families or can carry out their activities and demand naturally. Then we compared the results obtained during the statistical period among the elderly home and elderly out the home. The questionnaire was completed by the "primary caregiver" in each patient home and was completed by families or person responsible for the elderly out home, the nurse or person responsible on the elderly in change of care would provide care for elderly by providing physiotherapy to patient treatments for elderly people suffering from chronic illness and helping them to carry out their daily activities the questionnaire look at the concept of health-related need of elderly people resident in-home elderly. In the questionnaire, absolute numbers percent were used and calculated to find the highest and the lowest results.

RESULTS AND DISCUSSION

There were 20 male and 20 female patients in the study group; all 40 had a questionnaire completed by their main care in the elderly out home. Table 1 showed the mental problem, dementia disease in elderly home was 7 out of 20 elderly in male and 10 out of 20 elderly women, the depression showed 10 out of 20 elderly in male and 13 out of 20, in female anxiety 15 in male and 13 in female out of 40 elderly, mental retardation 1 in male and 2 in female out of 40 of elderly out home.

Table 1 Distribution of mental problems

Variables	**N=20 Patients**		**N=20 Patients**		**N=40 Patients**	
Type of problem	**Men**	**Percentage (%)**	**Women**	**Percentage (%)**	**Total**	**Percentage (%)**
Dementia	7	35.0%	10	50.0%	17	42.5%
Depression	10	50.0%	13	65.0%	23	57.5%
Anxiety	15	75.0%	13	65.0%	28	70.0%
Mental retardation	1	5.0%	2	10.0%	3	7.5%

Table 2 showed nervous problem in elderly out home which showed hemiparesis 4 out of 20 elderly in male and 2 out of 20 elderly in female, for parkinsonism 5 in male elderly and 1 in female elderly, for blindness 3 in male elderly and 4 female elderly, deafness 3 in male elderly and 5 female elderly, and epilepsy 2 in male elderly and 3 in female elderly out of 40 of elderly out home.

Table 2 Distribution of nervous problems (elderly out home)

Variables	**N=20 Patients**		**N=20 Patients**		**N=40 Patients**	
Type of problem	**Men**	**Percentage (%)**	**Women**	**Percentage (%)**	**Total**	**Percentage (%)**
Hemiparesis	4	20.0%	2	10.0%	6	15.0%
Parkinsonism	5	25.0%	1	5.0%	6	15.0%
Blindness	3	15.0%	4	20.0%	7	17.5%

Deafness	3	15.0%	5	25.0%	8	20.0%
Epilepsy	2	10.0%	3	15.0%	5	12.5%

Elderly out home people, another problem observed was disabled in his practice of normal life such as hypertension 13 in male elderly out of 20 and 15 in female elderly out of 20, angina 6 in male elderly and 6 in female elderly, heart failure 5 in male elderly and 2 in female elderly, arthritis disease was seen more in elderly 13 in male elderly and female was more than male which showed 16 (70%) in female elderly, gastroenteritis show 8 in male elderly and 7 in female elderly, diabetes mellitus 8 in male elderly but showed (female more than male) 70% in female elderly out of 50 patient who need care in elderly out home (Table 3).

Table 3 Showed others problems (elderly out home)

Variables	**N=20**		**N=20**		**N=40**	
Type of problem	**Men**	**Percentage (%)**	**Women**	**Percentage (%)**	**Total**	**Percentage (%)**
Hypertension	13	65.0%	15	75.0%	28	70.0%
Angina	6	30.0%	6	30.0%	12	30.0%
Heart failure	5	25.0%	2	10.0%	7	17.5%
Arthritis	13	65.0%	16	80.0%	29	72.0%
Gastroenteritis	8	40.0%	7	35.0%	15	37.0%
Diabetes mellitus	8	40.0%	14	70.0%	22	22.0%

Table 4 shows the elderly people those who need nursing or family care in washing and dressing, feed, go to the toilet, climb the stair, move from room to room, the most patient was able to do themselves but many had difficulties with other activities of daily living. Patient who can't wash, feed, dress, go to toilet climb stair and move would need the nursing or family help and some of elderly need some assistance in daily activity such as they need the help of nurses or family to go to toilet (5 in male and 4 in women) helping them can continue to meet requirements of life in an acceptable manner.

Table 4 Nursing needs (elderly out home)

Variables	**Men**					**Women**				
Type of problem	**Yes**	**No**	**Some assistance**	**Total**	**%**	**Yes**	**No**	**Some assistance**	**Total**	**%**
Wash	12	5	3	20	50%	11	5	4	20	50%
Dress	11	5	3	20	50%	11	6	3	20	50%
Feed	13	6	1	20	50%	12	6	2	20	50%
Go to toilet	12	16	2	20	50%	11	3	6	20	50%
Climb stair	8	8	4	20	50%	5	9	6	20	50%
Move from room to room	12	6	2	20	50%	8	4	8	20	50%

In case of elderly peoples out at home, there were 20 male patients and 20 female patients in the study group; all 40 patients had a questionnaire completed by their main care in the residential home. Table 5 showed the mental problem which showed the dementia disease in elderly home was 7 out of 20 elderly in male and 8 out of 20 elderly women, the depression showed 4 out of 20 elderly in male and 5 out of 20 in female, anxiety 12 in male and 8 in female out of 40 elderly, mental retardation 1 in male and 1 in female out of 40 elderly patients.

Table 5 Showed mental problems (elderly home)

Variables	**N=20 Patient**		**N=20 Patient**		**N=40 Patient**	
Type of problem	**Men**	**Percentage (%)**	**Women**	**Percentage (%)**	**Total**	**Percentage (%)**
Dementia	7	35.0%	8	40.0%	15	37.5%
Depression	4	20.0%	5	25.0%	11	27.5%
Anxiety	12	60.0%	8	40.0%	20	50.0%
Mental retardation	1	5.0%	1	5.0%	2	5.0%

Nervous problem in elderly home showed the following: hemiparesis 4 out of 20 elderly in male and 2 out of 20 elderly in female, parkinsonism 1 in male elderly and 2 in female elderly, blindness 1 in male elderly and 3 female elderly, deafness 1 in male elderly and 1 female elderly, and epilepsy 2 in male elderly and 2 in female elderly out of 40 (Table 6).

Table 6 Showed nervous problems (elderly home)

Variables	N=20 Patients		N=20 Patients		N=40 Patients	
Type of problem	**Men**	**Percentage**	**Women**	**Percentage**	**total**	**percentage**
Hemiparesis	4	20.0%	2	10.0%	6	15.0%
Parkinsonism	1	5.0%	2	10.0%	3	7.5%
Blindness	1	5.0%	3	15.0%	4	10.0%
Deafness	1	5.0%	1	5.0%	2	5.0%
Epilepsy	2	10.0%	2	10.0%	4	10.0%

Another problem which was observed is disability in the practice of normal life such as hypertension 6 in male elderly out of 20 and 10 in female elderly out of 20, angina 2 in male elderly and 2 in female elderly, heart failure 2 in male elderly and 2 in female elderly, arthritis disease is seen more in elderly 13 in male elderly and female was more than male 14 (70%), gastroenteritis show 4 in male elderly and 6 in female elderly, diabetes mellitus 3 in male elderly but show (female more than male) 8 in female elderly out of 40 patient who need care in elderly home (Table 7).

Table 7 Others problems (elderly home)

Variables	N=20 Patients		N=20 Patients		N=40 Patients	
Type of problem	**Men**	**Percentage (%)**	**Women**	**Percentage (%)**	**Total**	**Percentage (%)**
Hypertension	6	30.0%	10	50.0%	16	40.0%
Angina	2	10.0%	2	10.0%	4	10.0%
Heart failure	2	10.0%	2	10.0%	4	10.0%
Arthritis	13	65.0%	14	70.0%	27	67.5%
Gastroenteritis	4	20.0%	6	30.0%	10	25.0%
Diabetes mellitus	3	15.0%	8	40.0%	11	27.5%

Elderly people have nursing need like washing and dressing, feed go to toilet, climb stair, move from room to room, the most patient were able to do themselves but many had difficulties with other activities of daily living; patient who can't wash, feed, dress, go to toilet, climb stair, and move need the help from the nurses. Some elderly need some assistance in daily activity such as to go to the toilet (5 in male and 4 in women) for which help from the nurses can continue to meet the requirements of life in an acceptable manner (Table 8).

Table 8 Showed nursing need

Variables	Men					Women				
Task	**Yes**	**No**	**Some assistance**	**Total**	**%**	**Yes**	**No**	**Some assistance**	**Total**	**%**
Wash	14	2	4	20	50.0%	10	4	8	22	55.0%
Dress	14	2	4	20	50.0%	10	4	8	22	55.0%
Feed	14	2	3	19	47.5%	16	3	3	22	55.0%
Go to toilet	12	2	3	17	42.5%	10	4	5	19	47.5%
Climb stair	11	4	5	20	50.0%	9	7	4	20	50.0%
Move from room to room	13	2	5	20	50.0%	9	4	7	20	50.0%

In general, most residents reported that their illnesses interfered very little or not at all with their life. Illnesses such as hypertension, diabetes, or glaucoma, however, may be silent; threatening one's independence if these conditions go undiagnosed and untreated [10].

Untreated mental health conditions can contribute to the development of social behavioral problems that influence the length of tenancy for individuals in independent housing. Services that address these mental health conditions are not adequately funded [11].

The recent project revealed that the elderly people suffered from many health problems either at home or out home

and they need a quality standard to contribute to improvements in the following outcomes: social-care related quality of life health-related quality of life admissions to residential or nursing care involvement of people, using services in decision making satisfaction of people using home care services satisfaction with integrated care safety incidents and retention of home care staff [12].

Packham stated that improved communication between general practitioners and the careers in residential homes may benefit patients but proper regards must be given to the privacy and confidentiality of medical information in this setting [13].

On regard to depression on elderly people, a number of studies have explored the relevance of training staff to improve identification of depressive symptoms in care home settings and studies demonstrated that untrained care home staff is unable to reliably identify clients who were presenting with depression. The study suggested that a routine screening tool with minimal staff training could prove vital [13-15].

CONCLUSION

The study concluded that many resident elderly patients had difficulties with other activities of daily living; a patient who can't wash, dress, go to the toilet, climb the stair, and move. Finally from this study person who gave information believed that disclosing information might affect their housing status.

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