

Original article

Psychological Status of a Sample of Elderly People Living with their Families and Residing in Dar Al-Wafa for the Elderly and the Aged in the City of Tripoli

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Abstract

This study was conducted to examine the psychological state of a sample of elderly people residing with their families and residing in the Al-Wafa Home for the disabled and the elderly in the city of Tripoli, to know the extent of the elderly's need to use medical technologies for psychosocial support and health care. The comparative descriptive approach was used in the study. The research sample consisted of 80 elderly men and women aged 60 years and over, 40 respondents residing with their families, including 20 males, 20 females, and 40 respondents residing in Al-Wafa House for the disabled and the elderly (22 males, 18 females). To achieve the objectives of the study, a psychological state scale was used, which was filled out through a personal interview. The results of the study revealed that there were statistically significant differences between the two research samples of the elderly in the care home and those residing with their families in general. The level of their psychological state for a sample of elderly people residing in Al-Wafa House for the disabled and the elderly.

Keywords. Psychological State, Elderly People, Psychosocial Support, Tripoli.

Introduction

Aging is an environmental, mental, and even social state. Aging is an obsession that worries many elderly people for fear that they will end up in a nursing home. With advancing age, the elderly person faces many changes that may affect his social and psychological compatibility, and among these changes are (Isolation, loss of loved ones, free time, low monthly income, frequent family disputes, change of place of residence, physical weakness, and infection with some physical and psychological diseases [1,2].

At this stage, the elderly person loses a sense of self-worth and social status within their family and community, and many elderly people lose their ability to live independently, due to limited movement, chronic pain, weakness, or other psychological or physical problems, where they need some form of support. Forms of long-term care. In addition, older people are more likely to experience experiences such as feelings of sadness and mourning, lower socioeconomic status in retirement, or disability. All of these factors can lead to isolation, loss of independence, feelings of loneliness, and psychological distress in older people.

The elderly category is considered large in society, as the number of elderly people reached 9.0 million, representing 8.6% of the total population in 2023, where the number of elderly males reached 4.5 million, representing 8.3% of the total male population, while the number of elderly females reached 4.5 million, representing 8.9% of the total female population (2023) [3].

As much as attention is paid to the physical needs of the elderly, attention must also be given to their psychological needs. The psychological problems of the elderly can affect their behavior, sleeping habits, and ability to concentrate. The impact on the mental health of the elderly also includes weak cognitive functions, as well as various aspects of daily life, and every person must who deal with the elderly must realize what their emotional and psychological needs are and focus on them when providing care for them. This study was conducted to identify the psychological state of the disabled and elderly within the city of Tripoli.

METHODS

Study design

The current study used the comparative descriptive approach. The community is represented by the elderly and disabled residing in the city of Tripoli, with their families or in the Al-Wafa Home for the Elderly. The sample was collected in the time period of October-November 2023.

Sampling

The study sample was randomly selected for the elderly residing with their families through (the available sample), and all the disabled and elderly residing in Dar Al-Wafa were targeted, with the exception of 18 people, due to their health conditions that prevent communication with them.

Data collection

A psychological state scale standardized for the Libyan environment was used. It is a self-report instrument designed to measure psychological symptoms and psychological distress in clinical and non-clinical

populations prepared by Derogatis (1982) and Spencer (1993). It consists of 49 items that address problems and complaints that may be prevalent and apparent among people who suffer from psychological distress. The respondent to the scale must choose one of five responses that represent the extent to which each item has caused discomfort in the recent past (during the past week).

The responses take the ordinal format: (0 - Always, 1 - Sometimes, 2 - Often, 3 - Rarely, and 4 - Does not apply to me). The scale was applied to the respondents using a direct interview method, where the researchers sit with the study sample members and ask them about each item, take the appropriate answer, and fill it out on the scale sheet.

Statistical analysis

Variables was calculated using SPSS version 26, and presented as descriptive statistics.

Results

The research population includes the elderly, as the number of elderly people in the study was 80, divided into (the elderly who live with their families and the elderly who reside in a nursing home), which included 42 (52.5%) males and 38 (47.5%) females. Ages were distributed from 60 years to more than 80 years, with the highest age group in the study being 60-65 years (40%). As for the patient's health condition, it was the highest among those suffering from chronic diseases (47%).

Comparing the results sections between those who reside with their families and those who reside in a nursing home.

A comparison of the 4 parts of the questionnaires, which were divided to compare the answers and extract the arithmetic mean, standard deviation, and statistical significance. The results of the questionnaires in the section devoted to decision-making for the elderly were compared between those who live with their families and those who live in a nursing home in order to determine who among them has the ability to do so.

It was found that all answers were not statistically significant $P = >0.05$. In terms of the arithmetic mean, the question about believing that someone can control your thoughts had the highest values in the mean for both the elderly who live with their families and those who live in a nursing home, respectively (4.10, 4.02). In terms of neuroticism, the mean values for the elderly and those living in a nursing home (3.32) were higher than those for the elderly who live with their families. As for them being a burden, the mean values were higher for the elderly who live with their families (3.46) compared to the elderly who live in a nursing home (2.76) (Table 2).

Table 1. The demographic distribution of the study samples

Variables	Elderly people with their families	Elderly people living in nursing homes	Total
	N (%)	N (%)	N (%)
Genders			
Male	20 (50%)	22 (55%)	42 (52.5%)
Female	20 (50%)	18 (45%)	38 (47.5%)
Age			
60 – 65 Years	19 (47%)	13 (32.5%)	32 (40%)
65 – 70 Years	9 (23%)	13 (32.5%)	22 (28%)
70 – 80 Years	8 (20%)	10 (25%)	18 (23%)
80 or More than	4 (10%)	4 (10%)	8 (10%)
Live			
Single	0 (0%)	0 (0%)	0 (0%)
With his family	40 (100%)	0 (0%)	40 (50%)
In care homes	0 (0%)	40 (100%)	40 (50%)
The duration of his stay in the nursing home			
1 - 3 M	0 (0%)	6 (15%)	6 (15%)
6 - 8 M	0 (0%)	3 (7.5%)	3 (7.5%)
1 - 3 Y	0 (0%)	17 (42.5%)	17 (42.5%)
4 - 6 Y	0 (0%)	6 (15%)	6 (15%)
8 - 9 Y	0 (0%)	2 (5%)	2 (5%)
12 - 15 Y	0 (0%)	2 (5%)	2 (5%)
20 - 22 Y	0 (0%)	3 (7.5%)	3 (7.5%)
30 Y	0 (0%)	1 (2.5%)	1 (2.5%)
Health status			
An elderly person in good health	21 (52.5%)	15 (37.5%)	36 (45%)
An elderly person with chronic diseases	19 (47.5%)	19 (47.5%)	38 (47%)
Helpless	0 (0%)	6 (15%)	6 (8%)

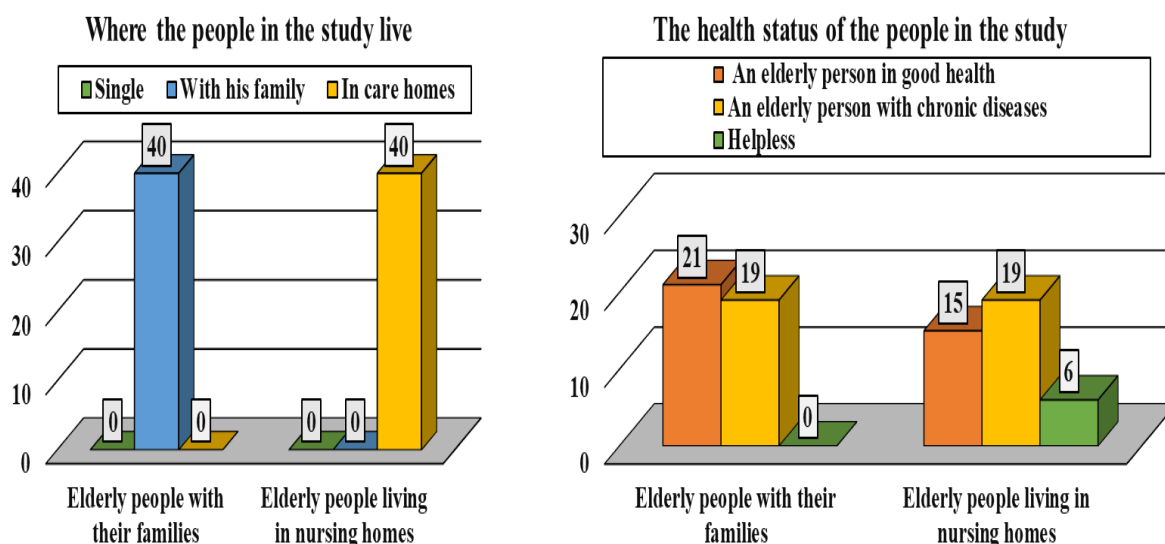


Figure 2. The distribution of the place of living and the health status of study participants

Table 2. A comparison of the mean scores for the answers between the elderly who live with their families and the elderly who live in a nursing home in terms of “Decision making.”

Decision making	Elderly people with their families		Elderly people living in nursing homes		P Value
	Mean	Std	Mean	Std	
Nervousness	2.60	1.127	3.32	1.654	0.031
Believing that someone can control your thoughts	4.10	1.119	4.02	1.217	0.700
Blame others for most of your troubles	3.92	1.222	3.66	1.675	0.482
Feeling difficult to make decisions	3.53	1.253	3.79	1.454	0.405
Inability to do work as well as others	3.87	1.321	3.17	1.819	0.083
The feeling of psychological discomfort that everything is a burden within a burden (the world is a burden within a burden)	3.46	1.354	2.76	1.693	0.051

The results of the questionnaires in the section dedicated to loneliness were compared between elderly people living with their families and those living in a nursing home. The results found that all questions related to feelings of loneliness were statistically significant, $P < 0.05$. While some questions were not statistically significant, $P > 0.05$, which is the feeling of distrust in most people, the feeling that you are less than others (sense of self).

In terms of the arithmetic mean, the issue of feeling less than others (sense of self) had the highest values in the mean for both older people living with their families and those living in a nursing home, respectively (4.51, 4.53). For feeling shy or embarrassed in the presence of others, mean values were higher for older people living with their families (4.28) than for older people living in a nursing home (3.74). Also, a feeling of loneliness or alienation, even in the presence of others. The mean values were higher among older people living with their families (4.33) compared to older people living in a nursing home (2.94). Table [3]

The results of the questionnaires in the section devoted to psychological problems (fear or panic attacks) were compared between older people living with their families and those living in a nursing home.

It was found that most answers were not statistically significant $P > 0.05$. While one of the answers was found to be statistically significant $P < 0.05$. She feels nervous when you are alone. In terms of the arithmetic mean, I found that most of the answers have a high mean between the two groups: the elderly who live with their families and those who live in a nursing home.

Table 3. A comparison of the mean scores for the answers between the elderly who live with their families and the elderly who live in a nursing home in terms of "Loneliness"

Loneliness	Elderly people with their families		Elderly people living in nursing homes		P Value
	Mean	Std.	Mean	Std.	
Feeling distrustful of most people	3.47	1.693	3.07	1.617	0.224
Feeling lonely when you are with a group of people	4.25	1.255	2.92	1.654	0.001
Feeling lonely and isolated	4.12	1.244	2.77	1.609	0.001
Feeling uninterested in what is around you	3.58	1.140	4.35	1.038	0.001
Feeling that others do not understand you	3.00	1.450	3.846	1.308	0.011
Feeling that you are less than others (sense of self)	4.53	0.913	4.51	1.144	0.921
Feeling shy or awkward in the presence of others	4.28	1.050	3.74	1.463	0.049
Feeling lonely or alienated, even in the presence of others	4.33	1.108	2.94	1.746	0.001

Table 4. A comparison of the mean scores for the answers between the elderly who live with their families and the elderly who live in a nursing home in terms of "Psychological problems (fear or panic attacks)"

Psychological problems (fear or panic attacks)	Elderly people with their families		Elderly people living in nursing homes		P Value
	Mean	Std.	Mean	Std.	
Feeling afraid in open spaces or on the streets	4.71	0.686	4.48	1.166	0.221
Thinking about ending your life	4.75	0.760	4.54	0.988	0.332
Sudden fear or terror for no reason.	4.25	1.117	4.28	1.234	0.921
Inability to complete your work	3.94	1.074	3.15	1.740	0.028
Feeling sad and hopeless for no apparent reason	3.55	1.338	3.17	1.538	0.256
Feeling afraid for no apparent reason.	4.15	1.227	4.06	1.248	0.747
Feeling that your feelings can be easily hurt (very sensitive)	3.15	1.548	2.87	1.704	0.486
Feeling that others are watching you or talking	3.78	1.436	4.13	1.069	0.286
Difficulty sleeping	3.15	1.49	4.10	1.354	0.007
Make sure several times that you have done something specific	3.44	1.349	3.21	1.757	0.515
Fear of being in a crowd or crowd of people	4.42	1.056	4.42	1.368	1.00
Having to avoid certain things, actions, or places because they cause you fear	4.10	1.247	3.63	1.566	0.136
Feeling like your mind is empty of ideas	3.94	1.308	4.08	1.155	0.581
Feeling guilty and that you deserve to be punished for your mistake	4.10	1.165	4.28	1.22	0.497
Feeling nervous or feeling internally tight (discomfort)	3.60	1.534	3.44	1.639	0.672
Thinking about death (fear of death)	4.53	0.913	4.25	1.427	0.220
Attacks of fear and panic for no reason.	4.07	1.364	4.02	1.441	0.850
You get nervous when you are alone	3.87	1.379	3.17	1.714	0.62

The results of the questionnaires in the section devoted to health problems were compared between older people living with their families and those living in a nursing home. It was found that all answers were not statistically significant <0.05 . In terms of the arithmetic mean, I found that most of the answers are similar between the two groups: the elderly who live with their families and those who live in a nursing home.

Table 5 shows a comparison of the mean scores for the answers between the elderly who live with their families and the elderly who live in a nursing home in terms of “Psychological problems Health problems

Health problems	Elderly people with their families		Elderly people living in nursing homes		P Value
	Mean	Std.	Mean	Std.	
Feeling tired, faint, or dizzy, such as extreme exhaustion	3.70	1.264	4.05	1.197	0.189
Difficulty remembering things	3.66	1.221	3.64	1.385	0.928
Feeling pain in the heart or chest	3.77	1.349	3.77	1.560	1.00
Poor appetite for food	3.61	1.161	3.97	1.404	0.181
Feeling pain in the body's muscles	2.85	1.387	2.80	1.757	0.892
Feeling difficulty breathing	3.97	1.365	4.23	1.303	0.391
Feeling bouts of heat and cold in the body	3.66	1.578	3.48	1.374	0.615
Numbness or numbness in body parts	3.23	1.477	3.41	1.568	0.611
Difficulty concentrating	3.33	1.304	3.25	1.516	0.807
Feeling weak all over your body (you are exhausted)	3.34	1.400	3.26	1.719	0.837

Discussion

In advanced stages of life, psychological state is shaped by the physical and social environment, and also by the influence of accumulated past life experiences and stresses associated with aging in particular. Exposure to adversity and significant decline in basic and functional abilities among older people leads to psychological distress [11]. Therefore, it is important to know the quality of life and lifestyle of older people in nursing homes compared to those living at home with their families.

Our study revealed that quality of life outcomes for older adults living in nursing homes were significantly better on all measures than those for older adults living with their families. These findings have been supported by literature studies [12,13]. This may be due to the decline in the quality of life among the elderly due to chronic diseases and their families' ignorance of how to care for them and how to deal with them.

In answer to the first question: What is the psychological state of the disabled and the elderly in the city of Tripoli?

Our study revealed that the psychological state scores of older people living in a nursing home were significantly better than those of older people living with their families. It is clear that the level of psychological state among the study sample members residing in nursing homes is better, due to the presence of care for the elderly and the provision of the necessary comfort and support for them. As for the elderly residing with their families, it is assumed that the support provided by the family would enhance their psychological state, but this was not the case, and this is clear in the results of the study.

Contrary to the findings of JUN SONG's study [14], which showed that the psychological state of elderly people residing with their families is better than those residing in nursing homes, elderly people often live in isolation and think about the past or feel sad about their lives. Especially those who lost one of their spouses “deceased” or their children who were unable to reach them. As it became clear from the previous results that the elderly person feels lonely with his close relatives, these results are consistent with the study of Diab Sanaa and Omar Bin Saber [15], where the situation of the elderly person has become deteriorating, unlike what it was before. The elder was the master and official in the family, but this status began to lose some of its value in societies, and in return, it led to problems, difficulties, and loss of connection. Thus, the elderly person loses respect for others and this leads to withdrawal or isolation. There is no doubt that such isolation can lead to depression and can affect psychological state.

According to the results, feelings of loneliness and isolation, as well as feelings of loneliness when you are with a group of people, were worse among older people residing in a nursing home compared to older people residing with their families. However, differences were found in feelings of discomfort and interest in what is around you among elderly people residing with their families compared to elderly those residing in nursing homes. This is consistent with the results of Khadija Hamo Ali's study [16], which showed that the elderly who live with their families do not adapt inside the home, and this is because they feel neglected and face some problems with family members. Safavi's study [17] reported a lower means depression score among older adults living at home compared to the results of studies by Sandberg et al and Argyropoulos et al which suggest that older adults in nursing homes are more likely to develop depression which is consistent with the results of this study.

It is clear from the results of this study that there are statistically significant differences in the level of shyness and embarrassment in the presence of others, as their feelings of shyness, lack of self-confidence,

and feeling of embarrassment in the presence of others were higher among those who live with their families compared to those who live in care homes. This may be due to the lack of appreciation of the elderly and their feeling that they are less than others, and they feel that they are governed and do not enjoy their freedom, unlike the elderly who are in a nursing home, where they are comfortable and enjoy freedom of opinion. These results are consistent with the study of Diab Sanaa [18]. The social support received by older people living in a nursing home, older people living at home, and the circumstances in which they receive care, have always been the subject of consideration and debate among researchers in the field of aging.

Research by Troxel et al., and Alipour et al., has shown that social support is lower in nursing homes, which is not consistent with the findings of this research. However, Dragset et al reported a higher degree of social support in nursing homes and stated that this may be due to the presence of many social partners in nursing homes, and the results of this study corroborated the results of our study. In our current study, a significant and inverse relationship was observed between social support and depression. This result is consistent with the results of research conducted by Safavi and Wang and Zhao. Therefore, social support can be used as a suitable and inexpensive tool to reduce depression in older people. Therefore, in this research, we can conclude that social support can reduce the incidence of depression among the elderly.

In answer to the second question: What is the psychological state of the disabled and the elderly based on the health status variable (Disabled - Elderly)?

The results showed that medically disabled people (15%) residing in nursing homes have a poor psychological state in all aspects compared to healthy people, in terms of decision-making, and the average results were higher in the emotional and nervous state due to the inability of the medically disabled to perform their daily tasks. As for feelings of loneliness, they were represented in the highest percentages in terms of feelings of inferiority towards others, as well as feelings of loneliness or alienation in the presence of others, while psychological disorders were represented by suicidal thoughts, including thoughts of ending a life, and difficulty sleeping, and feeling sad and hopeless for no apparent reason. Due to the small size of the sample of medically disabled people in the study, which was 6 people out of 40 people, it is not possible to infer from its results the validity and reliability of the results.

Most elderly people suffer from some memory problems and the difficulty of remembering things, as shown in our study that the disabled and the elderly face more difficulty to remember in a small percentage. This is the opposite of what was found in Jun Song's study, as they age, older people suffer from many problems that may affect their quality of life, including loss of appetite. Our study has proven that the disabled and the elderly have a weak delicacy of food. Due to the lack of movement, the lack of exercise, and the lack of movement for their daily work, we note that the elderly feel pain in the muscles, and our study has proven that the disabled and the elderly have close levels in terms of muscle pain. As for their feeling of weakness in all parts of the body (fatigue), according to our study, it was found that the disabled and the elderly residing with their families feel more exhausted and generally weak than the disabled and the elderly residing in a nursing home.

In answer to the third question: What is the psychological state of the disabled and the elderly based on the gender variable (Male - Female)? According to the results, the quality of life of females in terms of vitality and psychological state was better compared to males in nursing homes, but the differences in psychological state between females and males were not significant for those who live with their families. It appears that the superiority in the psychological state of females compared to males in nursing homes is due to extroversion and their willingness to communicate and share their thoughts and feelings with others, which leads to mental discharge and psychological relaxation in females. On the contrary, males' unwillingness to express their problems and share their feelings affected their psychological state. The superiority of males who lived with the family on the vitality scale compared to females in this group may be due to spending more time outside the home and communicating with others. In contrast, females spend more time at home alone and have very limited social contacts. This isolation has led to lower vitality in females compared to males. A similar study recently showed that although the quality of life of females living with families was lower than that of males with the same conditions, it was better for females in nursing homes. These results were consistent with our study [25], in light of the study by Alexander et al. Living with family and being involved in the child's development and finances will keep older adults active and social [19].

Conclusion

According to the results of this study, it was found that the elderly who live in a nursing home are more psychologically stable than the elderly who live with their families. It was also found that females are less psychologically disturbed than males who live with their families, as females are more psychologically comfortable than males in all respects, while males have a higher negative feeling of psychological discomfort. As for males and females who live in nursing homes for the elderly, differences were found between males and females in the psychological state, as the percentages differed between them. As for the health status of the disabled and the elderly, it was found that the elderly residing with their families had higher values in terms of good health than the elderly residing in a nursing home.

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Conflicts of Interest

The authors declare no conflicts of interest.

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المستخلص

أجريت هذه الدراسة بهدف دراسة الحالة النفسية لدى عينة من المسنين المقيمين مع أسرهم والمقيمين في دار الوفاء للعجزة والمسنين بمدينة طرابلس. استخدم في الدراسة المنهج الوصفي المقارن، وقد تكونت العينة البحثية من (80) مسناً ومسنّة ممن يبلغ أعمارهم 60 سنة فأكثر، (40) مبحوث من المقيمين مع أسرهم منهم (20) من الذكور، (20) من الإناث و(40) مبحوث من المقيمين في دار الوفاء للعجزة والمسنين (22) من الذكور، (18) من الإناث، ولتحقيق أهداف الدراسة تم استخدام مقياس الحالة النفسية حيث ملئ بالمقابلة الشخصية، وقد توصلت نتائج الدراسة عن وجود فروق ذات دلالة إحصائية بين عيني البحث من المسنين في دار الرعاية والمقيمين مع أسرهم. في مجمل مستوى الحالة النفسية لهم لصالح عينة المسنين المقيمين في دار الوفاء للعجزة والمسنين.