

Psychological Problems and its Relationship to the Life Satisfaction among Elderly

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Abstract

Objectives: The study aims to identify the psychological problems of the elderly and their relationship to their satisfaction with life.

Method: A descriptive correlational study conducted at nursing home in the Baghdad city on a sample of (130) elderly people. The validity of the questionnaire was verified by presenting it to experts, and its reliability was verified through a pilot study. The total number of items included in the questionnaire was 15 items for depression, 10 items for loneliness, 21 items for anxiety and 11 items for life satisfaction. Data were collected using the interview method and analyzed by applying descriptive and inferential statistical analysis

Results: The results indicate that the average age of the respondents is 70 years, (60%) of the participants are males, (53%) are divorced, (32.5%) are educated within reading and writing, and (31.5%) were previously self-employed. The results showed that life satisfaction among the elderly was negatively correlated with depression ($r = -.333$; $p = .001$), loneliness ($r = -.218$; $p = .013$) and anxiety ($r = -.368$; $p = .001$).

Conclusions: The study concluded that psychological problems such as depression, loneliness, and anxiety negatively affect life satisfaction in the elderly.

Recommendations: The results obtained in this study are particularly important to highlight the importance of social support by institutions, social activities, and families for nursing homes so that the elderly do not feel lonely and suffer from psychological problems.

Keywords: Psychological Problems • Life Satisfaction • Elderly

Introduction

Older adults are a group of people who, in the contemporary world, constitute a growing population with special needs, related to the huge advances in science and technology, especially the promotion of health sciences. Increase of the aging population is a challenge for the world and governments are required to pay more attention to this group [1]. According to the World Health Organization (WHO), currently around 650 million people are over 60 years old and by 2050 this figure is expected to reach two billion [2,3]. Today, 60% of the world's older adults live in developing countries, which will reach 80% by 2050. The older adult population in Iraq is increasing, and its population is expected to increase from 8.2% in 2011 to 10% in 2021[4].

Life satisfaction has recently been introduced as the best indicator of the quality of life. Satisfaction with life is a kind of general and deep inner happiness that emanates from individual experiences in the outside world. In other words, it expresses the positive attitude of the individual towards his life and reflects the individual's feelings about his past, present or future [5]. Older adults having higher life satisfaction also appear to be at higher levels in promoting health behaviors [6]. However, it is usually difficult to achieve higher levels of life satisfaction with increasing age and psychological problems [7]. Many of the predictive factors for the elderly are psychological factors such as anxiety, depression and loneliness that play an influential role on the quality of life of the

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elderly and are likely to change [8]. But more factors such as the level of physical activity, social interaction and social support will be effective in satisfying the elderly [9]. Therefore, this study aimed to investigate the psychological problems and its relationship to the life satisfaction among elderly in Baghdad city.

Method

Design

A correlational type design was used in this study. Data were collected from September to last November 2022. The study population consisted of 152 elderly enrolled in the archives of the Rashad and Aslikh nursing homes. However, of all the elderly on the list that were included by scanning the archives presented in nursing homes. In the in nursing homes, 3 elderly died, 7 refused to participate in the study, 2 they are not in nursing homes, and 10 were excluded from the study die to pilot study. Standards. The study was completed on 130 elderly. They were selected on the basis of the following inclusion criteria:

Who agreed to participate in the study.

Who were residents in nursing homes.

Who stay in nursing homes for last six months or more.

Study Instrument

Three tools were used for data collection in this study:

A demographic data questionnaire created for this study by researchers obtained information about the elderly sociodemographic characteristics.

Psychological problems included the following scales:

Geriatric Depression Scale for measure level of depression among elderly: Which consists of 15 items measured on 2 level of Likes scale. Cronbach- α was found as 0.82

De Jong Gierveld Scale for measure level of loneliness among elderly: Which consists of 10 items measured on 3 level of Likes scale. Cronbach- α was found as 0.87.

Beck Anxiety Inventory (BAI) for measure level of anxiety among elderly: Which consists of 21 items measured on 4 level of Likes scale. Cronbach- α was found as 0.78.

Life satisfaction scale: Which consists of 11 items measured on 3 level of Likes scale. Cronbach- α was found as 0.92.

Data Collection

The researcher interviewee the participants (Elderly), explained the instructions, answered their questions regarding the form, urged them to participate and thanked them for the cooperation. The interview techniques was used on individual bases, and each interview 15 minutes-20 minutes after taking the important steps that must be included in the study design.

Statistical Analysis

The IBM SPSS 20.0 program was used for all the analyses that follow. Numbers and percentages (No. and %) were used to categorize the variables, while the mean and standard deviation were used to characterize the continuous variables (mean and SD). Correlation statistics were used to association among study variables. Statistical significance was defined as a two-tailed p .05.

Result

Finding in (table 1) shows that average age for participants refers to 70±7

Table 1. Socio-Demographic Characteristics

Characteristics		No.	%
Age	Less than 65 year	37	28.5
	65 – less than 75 year	63	48.5
	75 – less than 85 year	27	20.7
	85 year and more	3	2.3
Gender	Male	79	60.8
	Female	51	39.2
Marital status	Unmarried	23	17.7
	Married	32	24.7
	Divorced	70	53.8
	Widowed	5	3.8
Level of education	Doesn't read and write	24	18.5
	Read and write	42	32.5
	Primary school	41	31.5
	Secondary school	3	2.3
	Institute	10	7.7
Previous occupation	College	10	7.7
	Free works	55	41.4
	Housewife	41	31.5
	Employee	25	19.2
	Retired	9	6.9

years in which the highest percentage see with age group of "65- less than 75 years" among 48.5%. The gender variable refers that 60.8% of elderly are males and remaining are females. Regarding marital status, more than half of elderly are divorced (53.8%) and 14.7% of them are married. Concerning level of education, the highest percentage refers to "read and write" among 32.5% and "primary school" among 31.5%. The previous occupation refers to "free works" among 41.4% of participants and 31.5% of them are housewives.

The results showed that (66.2%) of the elderly expressed a moderate depression 8.32 (±2.456), (89.2%) expressed moderate loneliness 19.42 (±2.282), (93.1%) were mild level of anxiety 10.05 (±7.138), and (74.6%) were moderate level of life satisfaction 23.12 (±2.912).

This table indicates that there are significant relationships (reverse relationship) between life satisfaction among elderly with depression, loneliness, and anxiety at p-value = .001, .013, and .001.

Table 2. Overall Assessment.

Variables	Rating	No.	%	M (±SD)
Depression	Normal (Mild)	17	13	8.32±2.456
	Moderate	86	66	
	Severe	27	21	
Loneliness	Low	8	6.2	19.42±2.282
	Moderate	116	89	
	High	6	4.6	
Anxiety	Mild	121	93	10.05±7.138
	Moderate	9	6.9	
	Severe	0	0	
Life Satisfaction	Low	6	4.6	23.12±2.912
	Moderate	97	75	
	High	27	21	

Table 3. Correlation between Psychological Problems and Life Satisfaction.

Correlation Statistics	r	Sig.
Depression	- .333**	0.001
Loneliness	- .218*	0.013
Anxiety	- .368**	0.001

Discussion

Current study findings show the average age for participants refers to 70 years in which the highest percentage see with age group of 65- less than 75 years. This results are supported by findings from India and Iraq, most of participants within age group 60-69 years old [10,11]. This results come because the most people who residents geriatric home are within those age as stated in the mentioned Indian results. It is observed that the most of participants in current study were male as compared with female participants. This can be justified by the fact that most of the residents of nursing homes are men, and this is due to the nature of our society caring for women more than men. This results come consisting with findings from China, the male elderly was predominated in nursing home compared with those who are female. Regarding marital status, more than half of elderly are divorced as compared with those who are married. This finding disagreement with findings from Qom city, where most of the residents of nursing homes were from the category of married people and the least of them were from the category of divorced people, the differences are due to the nature of society and the desire of the elderly to enter the nursing home, and this completely contradicts our results because of the difference in the culture of our society [12]. Concerning level of education, the highest percentage refers to read and write as being informal educated. This finding in agreement with findings from China, most of the residents of nursing homes are (illiterate) not formally educated and level of education does not qualify them to manage stress [13].

Depression Level among Elderly

Depression is a leading cause of disability worldwide and is a major contributor to the overall global burden of disease. It is also one of the most common geriatric psychiatric disorders and a major risk factor for disability and mortality in elderly patients. In current study findings, elderly is expressed a moderate psychological aspects related to depression 8.323 (±2.456). This results can be considered as an early warning and advised geriatric home administrative, health policymakers, and other pertinent stakeholders to take effective control measures and periodic care for the elderly population. These results come in line with study from Iraq [14], Malaysia [15], Australia [16], India and Ethiopia [17, 18]. The average prevalence of depression among old age was found within moderate level. All this studies emphasizes that depression among older adults calls for appropriate screening and interventions to reduce the occurrence and its overwhelming consequences. Geriatric home administrative and decision makers must understand the level of depression and its influencing factors, encourage the elderly in the community to increase social networks, and integrate leisure into their lives, thereby enhancing the sense of value and meaning of life and reducing feelings of loneliness and depression is highly recommended.

Loneliness Level among Elderly

Loneliness negatively affects QOL in old age and that the existence of

chronic health problems and lack of hobbies are strong predictors for loneliness. Elderly people living alone must be evaluated as a high-risk group and thus policy makers and health personnel should be aware of the factors that can affect loneliness [19]. In current study findings, elderly is expressed a moderate psychological aspects related to loneliness 19.42 (± 2.282). Through these results, it seems that there are some visits to the elderly by their families, but in most cases, what affected the results is that most of the elderly do not have families (homeless). It is known that feelings of loneliness and life quality closely affect psycho-social well-being. Loneliness of the participants was moderate level in study from Turkey [20]. Some studies on older people living in nursing homes found loneliness in moderate level [21-23], which are come in the same line with current findings. In order to reduce loneliness of the aged population and increase psychological well-being of the elderly, social support systems must be taken into account and the elderly should be encouraged to participate in social activities. It is crucial to benefit from the experiences of older people, to have them as role models and to provide opportunities for them to develop their potential by allowing them to participate in social activities instead of excluding them from society. Along with the increase of the older population in our country, maintaining their QOL should be one of the priorities of health services at present and in the future.

Anxiety Level among Elderly

In current study findings, elderly is expressed a mild psychological aspects related to anxiety 10.05 (± 7.138). This finding come in the line with findings from Mangalore city, that the prevalence of anxiety in was moderately low [24]. In disagreement with finding from Karnataka [25], found the prevalence of anxiety to be 50.5% moderately. It is observed a higher prevalence of anxiety 54% and 56% in old age [26]. Comparatively lower prevalence of anxiety was reported in South Indian [27], although in a different study setting. The differences may be due to the different measures used in the assessment of anxiety and also depend on the services provided in nursing homes, in addition to institutional support and families.

Life Satisfaction among Elderly

In current study findings, elderly is expressed a moderate life satisfaction 23.12 (± 2.912). This results agree with findings from northwest Ethiopia, the percentage of subjects who were dissatisfied or had at most a moderate level of life satisfaction [28], this was much lower than those reported in the Brazil study and the percentage of the satisfied level was much lower [29]. The low level of satisfaction in this study may be due to the difference in the socioeconomic status of the population. Economic status affects life satisfaction [30,31]. Iraqis and Ethiopians have low economic status compared to Brazilians. The life satisfaction level in our study group was lower than in some more highly developed countries. To improve the level of life satisfaction in Iraq, a holistic programme of nursing care for elderly people, particularly as concerns about their health and psychosocial conditions is crucial in both community and clinical settings.

Life Satisfaction and Depression

There was negative correlation between life satisfaction and depression ($r = -.333$; $p = .001$). The negative correlation indicates that the higher the level of depression, the lower the satisfaction with life. Similar results were obtained in studies on life satisfaction and depression among Japanese seniors [32]. A similarly negative correlation between the severity of depressive symptoms and all indicators of quality of life was observed [33]. Daly et al. showed in their studies that depressive disorders had a negative effect on the sense of quality of life [34].

Life Satisfaction and Loneliness

There was negative correlation between life satisfaction and level of loneliness ($r = -.218$; $p = .013$). That is, the feeling of loneliness is a factor that predicts an improvement life satisfaction. The less the feeling of loneliness, the higher the quality of life, and vice versa. These results are in agreement with findings of previous studies indicates that there were found to have higher life satisfaction and decreased loneliness. A decrease in loneliness scores has been shown to have a positive effect on life satisfaction [35- 37].

Life Satisfaction and Anxiety

There was negative correlation between life satisfaction and level of anxiety level ($r = -.368$; $p = .001$). These findings in the same line with findings from

China [38], who find that the anxiety had a negative impact on life satisfaction for Chinese elderly with lower resilience. The higher the life satisfaction, the lower the anxiety. This was consistent with existing research results [39]. It is evident that anxiety decreases with age. This may be due to an increased investment in relationships and the consequent increase in self-esteem [40, 41]. For the younger elderly, they may feel that life is too short and that there are many unfulfilled wishes, and these unfulfilled wishes become today's regrets [42-45]. Therefore, reducing some life regrets and increasing some life satisfaction can help alleviate anxiety in the elderly [46- 48].

Conclusion

The study concluded that psychological problems such as depression, loneliness, and anxiety negatively affect life satisfaction in the elderly.

Recommendations

The results obtained in this study are particularly important to highlight the importance of social support by institutions, social activities, and families for nursing homes so that the elderly do not feel lonely and have psychological problems.

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