

## Psychological Well-being for Elderly People at Geriatric Centers in Baghdad City

الرفاهية النفسية للمسنين في دور الرعاية في مدينة بغداد

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### المستخلص:

**الهدف:** تقويم مستويات الرفاهية النفسية للمسنين في دور الرعاية و ايجاد العلاقة بين تلك المستويات وبعض الخصائص الديموغرافية لهؤلاء المسنين في دور الرعاية في مدينة بغداد

**المنهجية:** اجريت دراسة وصفية تحليلية من ٢٩ كانون الاول ٢٠١٤ لغاية ٢٥ ايار ٢٠١٥، وتم اختيار العينة بالطريقة غير الاحتمالية (عينة قصدية) من ٦٠ شخصا من المسنين واختبارها وفقا ل معايير عينة الدراسة، موزعين كالآتي : تم اختيار (٤٠) مسن من دار الرشاد و(٢٠) مسن من دار صليخ لرعاية المسنين الاستبيان تكون من ٥٠ بندا والتي يتم توزيعها عبر ٢ أجزاء رئيسية وهي المعلومات العامة : ويشمل ذلك (٨) وحدات و اسئلة الرفاهية النفسية وتتألف من (٤٢) و تم تحليل البيانات باستخدام برنامج SPSS النسخة ٢٠ عن طريق البيانات الوصفية من خلال تحديد: التكرارات والنسب المئوية وجدول إحصائي والاستدلالي لتحليل البيانات الإحصائية من قبل تطبيق الاختبار كاي-سكوير الذي يستخدم لتحديد الارتباط بين الحالة الاجتماعية للمسنين و الخصائص الديموغرافية والصحة النفسية

**النتائج:** اظهرت الدراسة ان ما نسبته ٥٨,٣% من المسنين تتراوح اعمارهم من ٦٥ الى ٧٠ و مصادر الدخل لهم مختلفة لكن ٥١,٧% لديهم راتب تقاعدي و السبب الرئيسي لجوئهم الى الدار ٥٦,٧% كان المشاكل العائلية و المستوى العالي من الرفاهية النفسية ٢١,٦% من النساء و ٢٣,٣% من المستوى العالي للرفاهية النفسية كانت اجابتهم يكفي للدخل الشهري و اظهرت ايضا ان هناك علاقة واضحة بين الرفاهية النفسية والدخل الشهري و مصادر الدخل.

**التوصيات:** الرفاهية النفسية واحد من اهم الموضوعات في العالم المتطور لكن في العراق هناك نقص في الدراسات حوله لذلك يجب التركيز عليه وزيادة الابحاث عنه و تقوية الابحاث العلمية المختصة بمنح الصحة العقلية للمسنين و العمل مع بقية المنظمات والاعلام و وزارة الصحة لتعزيز الاتجاه الشعبي الايجابي تجاه المسنين و منح افضل مستوى من الصحة العقلية لهم

### Abstract:

**Objective:** To evaluate the levels of Psychological well-being among elderly people and To find out the relationship between socio-demographic characteristics and psychological well-being among elderly people who live in Geriatric centers.

**Methodology:** A descriptive study in which evaluation approach is applied to achieve the objectives of the study the period of the study was from 29 December 2014 to 25 may 2015, The sample is non-probability (purposive sample) of 60 elderly people and selecte according to criteria of sample and for the purpose of the study , ( 40 ) are from Al Rashad and ( 20 ) Sleekh Geriatric centers, A questionnaire which include from 50 items which are distribute across 2 main parts A- The socio-demographic characteristics: ( 8 ) items and B- psychological well-being: ( 42 ) items , Data analysis by using program of SPSS version 20, Descriptive statistical analysis procedures (frequency, percentage, and Statistical table) and inferential statistical analysis procedures (Chi-square test for determine the association between the elderly socio – demographic characteristics and psychological wellbeing ).

**Results:** The results of the study: 58.3% of elderly there age are from 65 to 70 years which is most elderly people in Geriatric centers, The source of income different 51.7% from them is from retirement salary and major causes to been in Geriatric centers 56.7% due to family problem, the high level of psychological wellbeing 21.6% are female , 16.7% of them widowed ,23.3% from them are saying enough in income and there is a significant association between psychological wellbeing and income and source of income.

**Recommendations:** according to the results the study Recommends that Psychological wellbeing is one from most objects that's studies in advanced world, but in Iraq, there is lack of study about it, so most to increase research about it and work with other organizations, including the media, ministry of health, community organization to improve positive public attitudes towards elderly people and promote a better mental health for them .

**Key words:** Psychological well-being, elderly people, Geriatric centers

## Introduction

In recent years there has been growing evidence to suggest that wellbeing may also be a potential resource for generally ageing well. Prospective studies have found that older people with greater wellbeing are less likely to develop problems with mobility or other activities of daily life<sup>(1)</sup>. Well-being has been defined as evaluating life as satisfying and generally experiencing more positive states and emotions than negative ones<sup>(2)</sup>. In the broadest sense, the term 'wellbeing' refers to people's optimal functioning and experience, however defining wellbeing more precisely continues to stimulate extensive debate. Within psychology, the disease model has dominated, viewing wellbeing as the absence of illness rather than as the presence of any particular qualities<sup>(3)</sup>. Psychological well-being is considered as a vital dimension of the elderly's quality of life. There is growing interest in psychological or subjective well-being as an indicator of societal progress among policymakers<sup>(4)</sup>. Psychological well-being is generated by two dimensions which are absence of depression and emotional loneliness and presence of happiness, life satisfaction, feeling of security and plans for the future<sup>(5)</sup>. Psychological well-being is usually conceptualized as some combination of positive affective states such as happiness (the hedonic perspective) and functioning with optimal effectiveness in individual and social life (The eudemonic

perspective)<sup>(6)</sup>. As summarized by Huppert "Psychological well-being is about lives going well. It is the combination of feeling good and functioning effectively. "By definition therefore, people with high Psychological well-being report feeling happy, capable, well supported, satisfied with life and so on Huppert's Psychological well-being refers to positive mental health<sup>(7)</sup>. Psychological well-being can increase with the age, level of education, extraversion and consciousness and decreases with neuroticism<sup>(8)</sup>. Psychological well – being was characterized by some of the primary ingredients of living good life such as positive relationships with others , purpose in life , personal growth, feelings of self – determination and self - acceptance<sup>(6)</sup>. The mental health as a being of well – being and free from any psychiatric disorders. in addition the psychological well- being is a state in which an individual expresses a good psychological condition , satisfaction with stress and suffering control<sup>(9)</sup>. Psychological well-being and self-esteem seems as an important component of a person's psychological status not only affects mental functioning, but also physical health-related functioning and social functioning<sup>(10)</sup>.

## Methodology

A descriptive analytical study in which assessment approach is applied to achieve the objectives of the study the period of the study

was from 29 December 2014 to 25 May 2015, The sample is non-probability (purposive sample) is 60 elderly people and selected according to the criteria of sample the study and for the purpose of the study, which are (40) from Al Rashad and (20) from Sleekh Geriatric centers, the elderly people to be included into the study they need to meet the following: The age above 65, living in nursing home and Don't have psychiatric disease or mental retardation. A questionnaire constructs for the purpose of the study throughout a review of previous studies and relevant literature and consultation from panel of experts. To make the instrument more valid, it presents to a panel of (13) expert from different specialized and fields, questionnaires which include from 50 items distributed across 2 main parts. They are present as follows: A- socio-demographic characteristics: (8) items deal with the elderly people's socio-demographic information which are: gender, age, education level, marital status, duration of residence, income, financial sources in nursing home and reason to be in nursing home. B. psychological well-being: (42) items which concerned with the assessment of the elderly people's psychological well-being according to<sup>(11)</sup>. (Ryff) scale and scoring type

Likert scale. Data were collected through the use of the questionnaire, elderly people filled the questionnaire as a self-reported from them if they can read and write after receiving the information and instructions required from the investigator to filling the questionnaire and the investigator stay with elderly in their room during process of data collection. The investigator gather the elderly responses through the employment of the application of the self-administered by researcher from the elderly who can't read and write by interview. Data analysis by using program of SPSS version (20). Descriptive statistical analysis procedures (frequency, percentage, and Statistical table) and inferential statistical analysis procedures (Chi-square test for determine the association between the elderly socio-demographic characteristics and psychological wellbeing)

Results

Table (1) : Socio Demographic Characteristics for Elderly People in Geriatric Centers

Age	F	%	Causes	F	%
from 65 to 70	35	58.3%	family problem	34	56.7%
71 – 75	14	23.3%	loss of caring him	21	35%
more than 76	11	18.3%	involuntary admission	5	8.3%
<b>Total</b>	<b>60</b>	<b>100%</b>	<b>Total</b>	<b>60</b>	<b>100%</b>
Gander	F	%	Time duration	F	%
Male	26	43.3%	from 1 years to 5	38	63.3%
Female	34	56.7%	6 – 10	17	28.3%
<b>Total</b>	<b>60</b>	<b>100 %</b>	more than 11	5	8.3%
			<b>Total</b>	<b>60</b>	<b>100%</b>
Marital	F	%	Education	F	%
Single	9	15%	don't read or write	9	15%
Married	20	33.3%	read and write	11	18.3%
Widowed	19	31.7%	Primary	10	16.7%
Divorce	12	20%	Secondary	9	15%
<b>Total</b>	<b>60</b>	<b>100%</b>	Tertiary	9	15%
			Institute	5	8.3%
			College and more	7	11.6%
			<b>Total</b>	<b>60</b>	<b>100 %</b>
Income	F	%	Source	F	%
Enough	22	36.7%	retirement salary	31	51.7%
enough some times	20	33.3%	Family	5	8.3%
not enough	18	30%	nursing home	24	40%
<b>Total</b>	<b>60</b>	<b>100%</b>	<b>Total</b>	<b>60</b>	<b>100%</b>

F= frequency; %= Percent

The findings that (43.3%) of elderly people in geriatric centers are male, (58.3%) of them are age from (65 to 70) , while (18.3%) of them can read and write , causes to be in geriatric centers family problem (56.7%), while (63.3%) of them time of living in geriatric centers from (1) years to (5) years.

Table (2): Levels of Psychological Wellbeing According to Demographic Characteristics of the Sample

Demographics		levels of psychological wellbeing							
		Low		Moderate		High		Total	
		F	%	F	%	F	%	F	%
Gender	Male	8	13.3%	10	16.7%	8	13.3%	26	43.3%
	Female	12	20%	9	15%	13	21.6%	34	56.7%
	<b>Total</b>	<b>20</b>	<b>33.3%</b>	<b>19</b>	<b>31.6%</b>	<b>21</b>	<b>35%</b>	<b>60</b>	<b>100 %</b>

Continues..

Table (2) : to be continued

Age	from 65 to 70	13	21.6%	11	18.3%	11	18.3%	35	58.3%
	71 – 75	5	8.3%	4	6.7%	5	8.3%	14	23.3%
	more than 76	2	3.3%	4	6.7%	5	8.3%	11	18.3%
	<b>Total</b>	<b>20</b>	<b>33.3%</b>	<b>19</b>	<b>31.6%</b>	<b>21</b>	<b>35%</b>	<b>60</b>	<b>100 %</b>
Marital	Single	2	3.3%	5	8.3%	2	3.3%	9	15%
	Married	8	13.3%	6	10%	6	10%	20	33.3%
	Widowed	5	8.3%	4	6.7%	10	16.7%	19	31.6%
	Divorce	5	8.3%	4	6.7%	3	5%	12	20%
	<b>Total</b>	<b>20</b>	<b>33.3%</b>	<b>19</b>	<b>31.6%</b>	<b>21</b>	<b>35%</b>	<b>60</b>	<b>100 %</b>
Level of education	Can't read	3	5%	5	8.3%	1	1.7%	9	15%
	read and write	5	8.3%	4	6.7%	2	3.3%	11	18.3%
	Primary	4	6.7%	3	5.0%	3	5%	10	16.7%
	Secondary	2	3.3%	2	3.3%	5	8.3%	9	15%
	Tertiary	3	5%	3	5%	3	5%	9	15%
	Institute	2	3.3%	1	1.7%	2	3.3%	5	8.3%
	college and more	1	1.7%	1	1.7%	5	8.3%	7	11.6%
	<b>Total</b>	<b>20</b>	<b>33.3%</b>	<b>19</b>	<b>31.6%</b>	<b>21</b>	<b>35%</b>	<b>60</b>	<b>100 %</b>
Income	Enough	6	10%	2	3.3%	14	23.3%	22	36.7%
	enough some times	4	6.7%	10	16.7%	6	10%	20	33.3%
	not enough	10	16.7%	7	11.6%	1	1.7%	18	30%
	<b>Total</b>	<b>20</b>	<b>33.3%</b>	<b>19</b>	<b>31.6%</b>	<b>21</b>	<b>35%</b>	<b>60</b>	<b>100 %</b>
Source	retirement salary	11	18.3%	6	10%	14	23.3%	31	51.7%
	Family	1	1.7%	0	0%	4	6.7%	5	8.3%
	nursing home	8	13.3%	13	21.7%	3	5%	24	40%
	<b>Total</b>	<b>20</b>	<b>33.3%</b>	<b>19</b>	<b>31.6%</b>	<b>21</b>	<b>35%</b>	<b>60</b>	<b>100 %</b>
Causes	family problem	10	16.7%	10	16.7%	14	23.3%	34	56.7%
	loss of people caring him	9	15%	7	11.6%	5	8.3%	21	35%
	involuntary admission	1	1.7%	2	3.3%	2	3.3%	5	8.3%
	<b>Total</b>	<b>20</b>	<b>33.3%</b>	<b>19</b>	<b>31.6%</b>	<b>21</b>	<b>35%</b>	<b>60</b>	<b>100 %</b>

F= frequency; %= Percent

This table shows the levels of psychological wellbeing according to the socio- demographic characteristics, the finding show (21.6%) high level of psychological wellbeing are female(16.7%) of them widowed, (21.6%) from 1 years to 5 time duration residence, (23.3%) from them are saying enough in income , 23.3% from them the source to income are from retirement salary , (23.3%) from them been in geriatric centers due to family problem, while (21.6%) in low level are the age from (65) to (70) years .

**Table (3) : Association between Psychological Wellbeing and Socio- Demographic**

Demographic Characteristics	No	Df	psychological wellbeing	
			$\chi^2$	Sig.
Gender	60	1	0.994	0.608
Age		2	3.855	0.696
Marital		3	9.572	0.296
Time duration		2	482	0.975
Education		6	9.662	0.646
Income		2	19.69	<b>0.001</b>
Sources		2	14.49	<b>0.006</b>
Causes		2	8.046	0.429

df= degree of freedom ; No = Number; Sig.= Significance;  $\chi^2$ = Chi-square value

This table shows that there is highly significant association between psychological wellbeing and income (0.001) and highly significant (0.006) between psychological wellbeing and source of income

## Discussion

### 1. Socio-demographic characteristics

Through the present study, it has been noticed that ( 56.7%) of the study sample are females and (43.3%) are male from total the sample (60) most of male in geriatric centers refuse to participation in study and pouring from recurrent previous studies from different specialized in geriatric centers in baghdad, R, lefta<sup>(12)</sup> study which is presented to assess health promotion in elderly people show the number of male more than female because these researcher taking only al Rashad geriatric centers.

In regard to their age, (58.3%) of them are from 65 to 70 years which is most elderly people in geriatric centers, (23.3%) are from age 71 to 75 years, and (18.3 %) of them are from age 76 years and more.

Regarding to the level of education, (15%) of the sample are can't read and write , (18.3%) are just can read and write , (16.7%) of them are primary, (15%) of them are secondary , (15%) of them are tertiary , 8.3% from them are institute and (11.6%) college and more ,its closely to study of<sup>(14)</sup>. M. hatem in 2011 , and if we consider the elderly people with level of education ( can't read , can read , primary , secondary ) all of them ( 65 % ) low level of education.

The marital state, (15%) from them are single, (33.3%) from them are married and live away from him wife's and most of them having problem with him or separate from partner and due to ethical issue or traditional of our community not tell the researcher the truth, (26.7%) from them are widowed, (20%) from them are divorces, (5%) from them are separate.

Regarding to the level of income (36.7%) from them say enough it is due to salary from geriatric centers for each elderly who haven't retirement salary or from him family and don't haven't any responsibility for him eat , clothes , comfortable setting , or any universal human needs to be meeting all of these needs under responsibility of nursing home , (33.3%) from them say enough some times and (30%) from them say not enough.

The source of income is different (51.7%) from retirement salary, (40%) from the geriatric centers and (8.3%) from him family these results agree with <sup>(15)</sup>.AL-Elaiawy results study which found that the highest percentage (94%) with no source of income from family, while the lowest percentage of them (6%) have source of income from family..

Major causes to been in geriatric centers (56.7%) due to family problem, (35%) from them due to loss of people who caring him and living alone, (8.3%) due to involuntary admission, (5%) due to economic causes and (1.7%) due to another cause which refuse to say the cause but in my opinion due to family problem and faired on name of the family.

## **2. Discussion the levels of psychological wellbeing according to socio- demographic characteristics**

The finding shows that high level of psychological wellbeing (21.6%) are female ,

moderate level of psychological wellbeing (16.7%) are male and low level of psychological wellbeing (20%) are female There were mixed differences between men and women in positive well-being measures, though women in the 60–69 age group showed the highest values <sup>(16)</sup>.

high level of psychological wellbeing (18.3%) the age from 65 to 70 years, moderate level of psychological wellbeing (18.3%) the age from 65 to 70 years low level of psychological wellbeing (21.6%) the age from 65 to 70 years , These outcomes are agree with the study of Ryff and Keyes they found that the psychological wellbeing increase with age<sup>(17)</sup> , and in researcher point of view the level of psychological wellbeing increase with age due to increase of experience.

high level of psychological wellbeing (11.6%) from them are widowed , that's disagree with kamble study which found the widowed, divorced or unmarried state leads to the feeling of loneliness and low level of psychological wellbeing <sup>(18)</sup>. but these results agree with moderate level of psychological wellbeing (10%) and low level of psychological wellbeing (13.3%) which are married .

high level of psychological wellbeing (8.3 %) with college and more education level these outcome agree with Keyes and other study which reveals the level of Psychological

well-being can be increase with education, <sup>(8)</sup>., moderate level of psychological wellbeing (8,3%) can't read and write and low level (5 %) can't read and write .

high level of psychological wellbeing (23.3%) for enough for income, moderate level of psychological wellbeing (16.7%) sometimes enough and low level of psychological wellbeing (16.7 %) saying not enough for income , Some research suggest inequality in income is associated with lower level of psychological wellbeing<sup>(19)</sup>. Another study showing the individuals with higher incomes tended to also have higher well-being.<sup>(20)</sup>.

high level of psychological wellbeing (23.3%) for source of income from retirement salary , individuals especially elderly people with fix source of income making them more healthy better moderate level of psychological wellbeing (21.7%) from geriatric centers and low level (18.3 %) for source of income from retirement salary.

high level of psychological wellbeing causes to been in nursing home (23.3%) due to family problem, because they are in geriatric centers get away from his family and they problem that's meaning the elderly people in geriatric centers become more adaptable in new situation, place they living hem, moderate level of psychological wellbeing causes to been in geriatric centers (16.7%) due to family problem and low level

causes to be in geriatric centers (16.7%) due to family problem.

### **3. Discussion of the association between psychological wellbeing and socio-demographic characteristics**

There is highly significant association between psychological wellbeing and income, A large number of studies have found a positive association between individuals income and his or her well-being<sup>(21)</sup>. Enough levels of income that's increase individuals' strength in hard time, greater financial resources increase individuals' abilities to effectively control many life circumstances, such as can pay medical treatment if needed. foods he like, recreational activity that's needed money go out the nursing home any time if he wanted.

There is significant association between psychological wellbeing and source of income , In the absence of source for income In elderly people that's mean he or she need to work as long as they are physically able and thinking about income and source of its making them feels more tired psychological .

### **Recommendations**

According to the discussion and interpretation of the results, the study recommends the research about psychological wellbeing must to increase due to lack of study about it and work with other



organizations, including the media, ministry of health, community organization to improve positive public attitudes towards elderly people and promote a better mental health for them and the elderly people in geriatric centers needed specialized psychiatric team include ( psychiatrist, nurse and psychologist).

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