

Social, Psychological and Health Problems for the Elderly

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The current study deals with the most important problems facing the elderly in a selected nursing home in Babylon, and the study aims to identify the level of satisfaction with life among retired elderly people in the city of Hilla, also identifying the most important social determinants in this aspect, the most important social factors that are in marital status, family relations, friendship relations, career activity, educational level, participation in the activities of centres or social clubs and social standing, the most important practices and sports activities. The study also aims to identify the most important psychological determinants of depression and emotional states, as well as identify the most important health determinants at the level of public health. The method of the survey was used in the data: in which the researcher studied a limited number of cases and vocabulary within the time, effort and capabilities available. The researcher benefited from this approach through surveying the sample method, by selecting an intentional sample from a nursing home in Babylon. The community of this study was identified from the Nursing Home in Babil that is related to the Ministry of Labor and Social Affairs. As for our study, a sample of (32) respondents was selected from the Nursing Home in Babil. Observation, participation, interview and statistical methods were used. The study found the most important field result is to identify the level of life satisfaction for the retired elderly in Hilla, access and get to know the most important determinants that have an impact on the elderly (social, psychological, and health determinants).

Key words: *Ageing, problems, social, psychological, health, elderly, age.*

Introduction

Ageing does not have a void, but the social conditions surrounding ageing on the one hand, and the lack of knowledge of the stage of ageing by people on the other, are the two factors that lead to feelings of emptiness, extreme fatigue, and a sense of time.

The modern family does not bear the presence of the elders in its system, and another problem of great importance is the problem of women working, their involvement in the practical life and spending most of the time outside the house results in the woman working outside the house departing from the service of others, and only advancing the service of her husband and her children in the narrowest possible range. She returns to the house after the end of work time and she is exhausted, she cannot serve the elderly person, and she feels that it is an extra and abnormal burden.

It is natural that the elderly person in such a family, who finds only himself alone among its members in the house for the most part of the day, feels that it is a fatal void, and that the service he was seeking for himself is not available to him.

The Problem

The issue of the elderly and their retirement is considered one of the most important issues that occupy the politics of societies in recent times, this importance is linked to the change of many life, social, health, psychological and economic patterns that the individual is enrolled in for decades. It is a stable fact that many social, psychological, economic and health changes are common among the elderly, and their incidence rates increase with age, especially since quite a few studies have dealt with the problems of ageing that have proven that the changes that accompany this stage are related to life satisfaction.

The Importance

The importance of the research lies in the fact that one of the most important duties of social institutions is to deal with the problems faced by various groups of society, including the elderly group, because this group has its own status, when a person gets older, he becomes unable to work in addition to other health and psychological problems, and if society is unable to address these problems, the elderly becomes vulnerable to displacement, and it is necessary to take care of this group and provide them with a decent life and make them feel that they are beneficial members of society and not dependent on their families, especially since all divine religions and statutory laws recommended their care and provide material and moral security, and this leads To the stability of the family and then society.

The Aims

The current study aims at:

1. Knowing the level of life satisfaction for the retired elderly in Baghdad
2. The extent of the influence of:

A. Social determinants: This aspect deals with the most important social factors, which are:

Marital status, family relations, friendship, career activity, educational level, participating in the activities of social centres or clubs, social status, practicing sports activities.

B. Psychological determinants: degree of depression, emotional state.

C. Healthy determinants: the general health level.

The Procedure

The survey method used was the sample, in which the researcher studies a limited number of cases within the time, effort and capabilities available to the researcher (Abu Radi,1989).

The researcher benefited from this approach through surveying the sample method by selecting an intentional sample from a nursing home in Baghdad. The community of this research was identified from the Nursing Home for Baghdad of the Ministry of Labour and Social Affairs. As for our study, a sample of (32) respondents was chosen from the Nursing Home for Baghdad, and observation, participation, interview and statistical methods were used.

The Human Domain

This means the individuals who will be conducting the field study, and the human field of our research relied on the elderly in the nursing home in Baghdad.

The Geographical Area

This is intended to specify the place or geographical area in which the field study will be conducted, and in the nursing home for the elderly in Baghdad, a geographical area was identified for conducting the study.

Time Domain

This means the time period taken for the process of gathering information and data related to the study, and the field study process took a period ranging from (3/7/2019 to 7/7/2019).

The Hypotheses

In the current study it is hypothesised that:

1. There is a relationship between feeling hopeless about life and their confidence in others.
2. There is a relationship between the profession of the researchers before entering the house and the monthly pension of the house.
3. There is a relationship between the social condition of the elderly and the chronic diseases they suffer from.
4. There is a relationship between providing services inside the home and neglect by the family.

Concepts and terms related to the study

The problem

This is an obstacle or a set of obstacles that prevent the social phenomenon from performing its previous social functions. (Bayoumi, 1988) defined the problem procedurally as follows:

The issue for the elderly lies in the characteristics related to the growth problem of the individual at the age of majority, the situation worsens in the stages of ageing and the problem is exacerbated if we look at the social characteristics where we find a contraction of social relations for the elderly.

The Social Problem

It is a condition that affects a sufficient number of people in an undesirable way, and something must be done towards this situation through collective social action (Habib, 2001). The social problem is defined procedurally: it is an issue or an issue related to the emergence of a trend, a tendency, or a position of human attitudes that concerns the group of attention, discussion, and controversy, and may require reference, research, and decision-making, as it leads to a reform or compensatory or adaptive act.

The Psychological Problem

This is a state of insufficient self-possibilities to achieve psychological accommodation and a relative deficit in a person's ability to face life's stress or fulfil the requirements of adapting to others (Muhammad Ali, 2001). The psychological problem is defined procedurally: it is the crisis of ageing and the individual's sense that his identity has been determined by what he did before, whether his previous actions led him to seek happiness and a sense of



accomplishment; if this is the case, he passes the stage of ageing successfully with a sense of completeness and contentment. But if his previous actions were disappointing experiences, he will feel despair, which is part of the ageing crisis.

The Elderly

The elderly know a language: the old man who is in the position of the senior citizen and the subject of his practice, and whoever catches old age is often at the age of fifty and above, and he is of prestige of knowledge, virtue or leadership (al-Faqih, 2008). The elderly are also known: as an individual aged (60) years and over whom has reached a stage of life that makes him incapable of achieving and innovating health, environmental and psychological conditions that prevent this from being achieved (Waznah, 2009). The elderly are defined procedurally: as a person who has reached the age of old age and lacks the status and social effectiveness to face the weak phase of the link between him and the family and the external community.

Ageing

Ageing is a series of shifts from one role to another, that is, a shift from childhood through adolescence to the maturity to the final stage of ageing (Al-Alousi, 2006). Ageing is defined procedurally: as a condition of old age, and expression refers to all aspects of ageing, but it is usually seen as gradual damage to physical and mental capabilities, and includes memory loss, and narrow eyesight. It is in fact the sum of several variables that occur in the body and is not dependent on the age alone, even if it is a prerequisite in it, so ageing is considered in time from the third age of life after growth and the age of majority.

The Most Important Problems Facing the Elderly in the Nursing Home

Social Problems

Physical Abuse

This pattern includes various forms of physical abuse that can range from slapping or lifting (i.e. severe beating) or being tied with ropes or chains when the carer or anyone else uses enough force to cause unnecessary pain and injury. Frequent mysterious injuries, and pain when touching the body to endure (Al-Siddiqi,2012).

Financial Exploitation

This type includes financial misconduct in the property of the elderly and also contains manipulation and fraud, or the use of credits of the elderly for purposes other than their needs and interests, which ranges from misconduct in the money of the elderly, to extortion, exploitation, deception and extracting money by force, forgery, and fading in the transfers owned by them. (El-Gohary, 1988).

Neglect

Neglect refers to the failure to fulfil the duties towards the elderly and the perpetration of other forms of ill-treatment, such as delays in providing them with food or health care services or keeping headphones and glasses from them and leaving them abandoned and isolated. The neglect of servants for the elderly is one of the concrete patterns, and it can range from withholding care and indifference. Researchers have shown that neglect is reflected by many effects on the elderly, such as malnutrition, weight loss and black effects under the eye, which makes them lacklustre and causes many physical or psychological problems (Badr,1985).

Ageing and Technical Change

Social change is closely related to technical change. Modern technology has modified the situation of the elderly and the old. Medical technology is largely responsible for prolonging the life that is manifested in the presence of large numbers of elderly people among us, likewise, the improvement and development of nutrition and the substitution of muscle forces with mechanical forces has led to the same result (Al-Ghurair, 2009).

The Loss of Social Security

The loss of social security is as follows:

1. Feeling of alienation, which leads the elderly to withdraw from society and retirement, because it is strange to them.
2. Feeling lonely, and this feeling increases with the newly-widowed, with a feeling of anxiety about the future, especially among women.
3. Complete social isolation, and it is not necessary that the elderly be alone, but may live in isolation despite living in the confines of the family.
4. The weak ability to adapt to the circumstances of the breathless social change behind the recent technological revolution, by succeeding in social re-normalisation to occupy new social places and playing the associated roles (Al-Khaldi,2011).

The Social Problems That the Elderly Are Exposed To Which Lead to Psychological Pressure

These problems can be summarised in the following points:

1. Loneliness is a problem for adults, especially unmarried people.
2. AIDS often leads to death and can be transferred from parents to children through blood.
3. Adults who have never been married: these people may be interested in dating but usually have some social life and activities to work with some friends.
4. Widowhood: affects the social, physical, and emotional relations of the wife.
5. Abuse of adults because of their age, whether by beating, belittling, denying care, neglecting or ignoring them (Al-Obaidi,2009).

Retirement

Despite retirement, the accompanying loss of job roles and taking on new roles, many people welcome retirement from work, especially when their retirement does not affect their financial incomes, and the resulting level of the pension. Women welcome retirement more than men and those who used to work do not arouse their interest or a lot of satisfaction. On the contrary, retirement becomes a difficult experience for those whose jobs were the centre of their lives (Ali, 2008).

The Void

Ageing was not written for emptiness. Rather, the social conditions surrounding ageing on the one hand, and the lack of knowledge of the stage of ageing by people on the other are the two factors that lead to feelings of emptiness, extreme fatigue, and a sense of time (Al-Khatatneh, 2012).

Psychological Problems

Psychological Abuse

This pattern includes the image of psychological and emotional abuse committed by those around the elderly and it includes verbal abuse and scarcity of love and imposing isolation. All of this is considered abuse and may also include treatment of the elderly as a child or isolation from family and friends and regular activities organised either by force and threat, all of which are called Psychological exploitation, which is an act of wilful harm such as fatigue, confusion, or psychological harassment (Mansour, 2011).

Delirium

This is a kind of blurring in consciousness, where the environment in which the elderly live becomes less clear, and they also find it difficult to focus their attention and lose the ability to think properly. This disorder rapidly develops during limited hours or days, to hallucinations and delusions (El-Shafei, 1971).

Psychological Depression

Psychological depression in the late stages of life is characterised by the difficulty of being diagnosed from many other diseases such as dementia, rheumatism, etc. Therefore, treating psychological depression at this stage of life becomes very difficult, especially if it coincides with the loss or death of an important individual (the life companion) in the life of that old age. It has been shown in many cases that severe depression may lead to attempts to commit suicide or actual suicide. Important symptoms of psychological depression are (Al-Sabbagh, 2005):

1. Difficulty sleeping or continuing for several days.
2. Continuous crying and increased sensitivity, even because of health.
3. Withdrawing from the family's position and from interfering in any public discussion before them.
4. Experiencing suicidal thoughts.
5. Loss or a significant increase in weight.

Health Problems

Health and Ageing

Health problems are not related to ageing. However, ageing may lead to increased health problems. Biologists have been able during the past two decades to distinguish between the physical effects of ageing on the one hand and the characteristics associated with a number of diseases on the other hand. Scientists have different opinions about the degree of influence of the human body over time, but it is necessary that social and economic influences on the conditions of the human body cannot be overlooked, but rather individual events and feelings such as the loss of relatives, loved ones, friends, separation, or distance from children or unemployment must all add negative or harmful effects on the human body, but the results of studies and research indicate that ageing is not synonymous with poor health status. Experience and health viewing indicate that many people are still in their best health condition after sixty years of age or until sixty-five, and it is natural for social influences to have a role in the ageing of the body; it is not possible to deny the role that age plays, but the

elderly in general face a wide system and a variety of physical, emotional and physical problems (Baqi,1981).

Data and Analysis

Gender

Table 1: Shows the gender of the respondents

Gender	Number	Percentage
Male	15	46.8%
Female	17	53.1%
Total	32	100%

It was clear from the table above that the number of male respondents reached (15) respondents and their percentage was (48%) of the research community, while the number of females reached (17) respondents, and their proportion was (53.1%) of the research community. We conclude from this that the percentage of males was lower than that of females; this indicates that society is made up of a majority of females.

Age

Table 2: Shows the ages of the respondents

Respondents age group	Number	Percentage
73-82	2	6.25%
63-72	18	56.25%
53-62	10	31.25%
43-52	2	6.25%
Total	32	100%

We conclude from this that the percentage of respondents who answered within the category (63-72) is the highest percentage, where their rate was (56.25%), and therefore is higher than the proportion of respondents who answered within the category (73-82), where their rate (6,25%). It is therefore higher than the percentage of respondents who answered within the category (53 - 62) and their percentage (31.25%) and is therefore higher than the proportion of respondents who answered within the category (43 - 52), which was (6, 25%) of the search sample.

Marital Status

Table 3: Shows the marital status of the respondents

Marital status	Number	Percentage
Married	15	46.8%
Single	12	37.5%
Divorced	2	6.2%
Widowed	3	9.3%
Total	32	100%

It turns out that the married percentage is 46.8% of the research community, which is higher than the percentage of single respondents, which was 37.5% of the research community, divorced percentage which was 6,2% of the research community, which is lower than the proportion of widowed respondents, which were 9,3% of the research community.

Do You Feel Neglected by the Family?

Table 4: Shows whether respondents feel neglected by the family

Answer type	Number	Percentage
Yes	31	96.8%
No	1	3.2%
Total	32	100%

We conclude from this that the answer rate to (Yes) is the highest, which was 96.8%, as respondents felt neglected by the family, and therefore it is higher than the second answer percentage, which was lower, which is (3.2%) from the research community.

Does the House Provide You with All the Services, Including Food and Clothing?

Table 5: Shows the provided services

Answer type	Number	Percentage
Yes	32	100%
No	Zero	0.0%
Total	32	100%

We conclude from this that the percentage of respondents who answered yes is the highest, which was (100%), as the house provides them with all the services of food and clothing, and therefore it is higher than the percentage of the second answer, which was lower and is (zero%) of the research community.

There is a Relationship between Providing Services inside the Home and Neglect by the Family

Table 6: Shows the relationship between providing services inside the house and neglect by the family

Provision of services Neglect by the family	Yes	No	Total
Yes	11	20	31
No	1	Zero	1
Total	12	20	32

It is clear from the above table that the value of (K^2) has reached (4.40), which is higher than the tabular value (3, 8), at a confidence level (95%) and a degree of freedom (1), and therefore we reject the zero hypothesis and accept the research hypothesis.

Do You Think that People Living in the House Feel Hopeless about Life?

Table 7: Shows whether people living in the house feel hopeless about life

Answer type	Number	Percentage
Yes	14	43.7%
No	18	56.3%
Total	32	100%

We conclude from this that the percentage of the answer to (Yes) is less, as it was (43.7%), as these respondents feel hopeless about life, and therefore less than the percentage of the answer with (No), which was higher, which is (56.2%) of the research community.

Is There a Relationship between Feeling Hopeless about Life and Their Confidence in Others?

Table 8: Shows the relationship between feeling hopeless about life and trusting others

Feeling of despair	Yes	No	Total
Trust of others			
Yes	10	4	14
No	10	8	18
Total	20	12	32

It is clear from the above table that the calculated value (k^2) has reached (0,30) which is less than the tabular value (3,8), at a confidence level (95%) and a degree of freedom (1), and therefore we reject the research hypothesis and accept the null hypothesis.

Economic data

Were You Working before You Joined the House?

Table 9: Shows whether the respondents worked before joining the house

Answer type	Number	Percentage
Yes	27	84.3%
No	5	15.7%
Total	32	100%

We conclude from this that the percentage of respondents who answered (Yes) is higher and it was (84.3%), as they work before joining the house, and therefore it is higher than the second answer rate, which was less and it is (15.6%) of the research community.

There is a Relationship between the Profession of the Respondents before Entering the House and the Monthly Salary from the House

Table 10: shows the relationship between the profession of the respondents before entering the house and the monthly salary of the house

<u>Nursing home</u> Carrier Answer type	Wage	Unemployed	Official	Total
Yes	9	9	5	23
No	3	3	3	9
Total	12	12	8	32

It is clear from the above table that the value of (Ca_2) has reached (0.36), which is less than the tabular value (6), at a confidence level (95%) and a degree of freedom (2), and therefore we reject the research hypothesis and accept the zero hypothesis.

Health data

Do Respondents Suffer from Chronic Diseases?

Table 11: Shows whether the subjects suffer from chronic diseases

Answer type	Number	Percentage
Yes	30	93.7%
No	2	6.2%
Total	32	100%

We conclude from this that the percentage of (Yes) is the highest rate and it was (93.7%) where respondents suffer from diseases and therefore it is higher than the second answer rate which was (6,2%) from the research community.

There Is a Relationship between the Marital Status of the Elderly and the Chronic Diseases They Suffer from

Table 12: Clarifies the relationship between the marital status of the elderly and the chronic diseases they suffer from

Marital status	Married	Single	Divorced	Widowed	Total
Chronic diseases					
Yes	10	10	5	5	30
No	1	1	Zero	Zero	2
Total	12	12	5	5	32

It is clear from the above table that the calculated (K^2) has reached (14,14), which is higher than the tabular value (6), at a confidence level (95%), and a degree of freedom (3), and therefore we reject the zero hypothesis and accept the research hypothesis.

Discussing Hypotheses, Findings and Recommendations

Discussing and Testing Hypotheses

The First Hypothesis: There is a relationship between feeling hopeless about life and the respondents' confidence in others. The results of the statistical analysis indicate that this

hypothesis has not been fulfilled, and thus we cannot generalise this result to the research community. The results of applying the (K^2) test showed that there was no significant relationship between feeling hopeless about life and their confidence in others. The calculated value of (K^2) equals (0, 30), after comparing it with the tabular value (3,8), at a confidence level (95%) and a degree of freedom (1), and therefore we reject the research hypothesis and accept the zero hypothesis.

The Second Hypothesis: There is a relationship between the profession before entering the house and the monthly pension of the house. The results of the statistical analysis indicate that this hypothesis has not been fulfilled, and thus we cannot generalise this result to the research community. The results of the application of the (k^2) test showed that there was no significant relationship between the profession of the elderly persons before entering the house and the monthly salary of the house. The calculated value (k^2) was (0.36), which is lower than the tabular value (6), at a confidence level (95%) and a degree of freedom (2), and therefore we accept the null hypothesis and reject the research hypothesis.

The Third Hypothesis: There is a relationship between the marital status of the elderly and the chronic diseases that they suffer from. The results of the statistical analysis indicate that this hypothesis has been fulfilled. Thus, we can generalise this result to the research community. The results of the application of the (k^2) test showed a significant relationship between the marital status of the elderly and the chronic diseases they suffer from. The calculated value (k^2) was (58.14), which is higher than the tabular value (6), at the level of confidence (95%), and the degree of freedom (3), and therefore we reject the zero hypotheses and accept the research hypothesis.

The Fourth Hypothesis: There is a relationship between providing services inside the home and neglect by the family. The results of the statistical analysis indicate that this hypothesis has been fulfilled. Thus, we can generalise this result to the research community. The calculated value (k^2) was (4.40), which is higher than the tabular value (3,8), at a confidence level (95%) and a degree of freedom (1), and therefore we reject the zero hypothesis and accept the research hypothesis.

Results

1. The level of life satisfaction with the retired elderly has been identified in city of Baghdad.
2. The most important determinants that have an impact on the elderly were reached and identified: social, psychological and health determinants.
3. One of the results that we reached was that the percentage of the answer with (Yes) that the respondents had married children is the highest percentage where it was (65.6%) and

therefore it is higher than the percentage of the answer with (no) which was (34, 3%) of research community.

4. The percentage of the answer with (yes) that the respondents receive a monthly pension from the house is on a percentage which was (71, 8%) and therefore it is higher than the percentage of the answer with (no) which was (28, 1%) from the research community.

5. The percentage of the answer with (Yes) that the respondents were working before joining the aged care home is the highest percentage which was (34.8%) and therefore it is higher than the answer rate (no) which was (15.9%) of the research community.

Recommendations

1. Encourage charitable foundations and societies that take care of the elderly.
2. Emphasising the importance of family's communication with their elderly residing in nursing homes.
3. Emphasising the importance of warm family relationships in relieving anxiety in the elderly.
4. Emphasising the provision of an appropriate environment in care homes to reduce anxiety in the elderly residing there.
5. Introduce practical methods on how to deal with the elderly in the curricula of psychological counselling in colleges of education, and develop counselling programs for that, whether within the family or in care homes.
6. Increasing the number of qualified psychological counsellors who specialise in psychological counselling for the elderly in nursing homes.

REFERENCES

- Holy Quran

Abdel Moneim M. Badr, (1985), *Our Social Problems*, 1st edition, The Modern University Office, Alexandria, p. 270.

Abdel Moneim El-Shafei, (1971), *Statistical Method in Human and Natural Sciences*, Arab Renaissance House, Cairo, pp. 69,.

Adly Al-Sammari - Dr. M. El-Gohary et al., (1998) *Sociology and Social Problems*, 1st floor, Dar Al-Maarefa Al-Jamiiah, Cairo, , p. 75.

Ahmad N. Al-Ghurair, (2009) *Dealing with Psychological Stress*, First Edition, Dar Al-Shorouk, Jordan , p. 303.

Atta Allah F. Al-Khalidi, (2008) *Guidance for Special Classes*, 2nd Edition, Dar Al-Safa for Publishing and Distribution, Amman, , p. 396.

Azmi M., (2011) *The Elderly Between Reality and Practice*, 1st floor, Treasures Treasury, Amman, , p. 270.

Fathia Abdel A. Abu Radi,(1989) *Principles of Social Statistics*, 6th edition, Dar Al-Maarefa Al-Jamiia, Alexandria, p. 77

Fayez Al-Sabbagh, (2005) *Sociology (with Arabic inputs)*, 2nd edition, Arab Renaissance House, Beirut , p. 246.

Gamal Sh. Habib, (2011) *Contemporary Social Work*, 2nd floor, The Modern University Office, Alexandria, , p. 503

Hussam Al-Alousi, (2006) *Principles of Philosophy and Sociology*, 1st edition, Dar Omran, Baghdad, p. 56.

Jbara A. Jbara, Awad A., (2008), *Social Problems*, 1st Floor, Dar Al-Wafaa for Printing and Publishing, Alexandria, , p.

Muhammad A. Bayoumi, (1988) *Social Problems*, First Edition, Dar Al-Maarefa Al-Jamiiah, Cairo, , p. 8.

Muhammad Al-Noubi Muhammad A.,(2012) *Dementia for the Elderly*, 1st Floor, Dar Al-Safa for Publishing and Distribution, Amman, , p. 19

Muhammad J. Al-Obaidi, (2009) *Mental Health Problems*, 1st Floor, Dar Al-Thaqafa, Amman, , p. 111.

Mustafa M. Ahmad al-Faqih, (2008) *Elderly Care between Postural Sciences and Islamic Perception*, Modern University Office, Alexandria, , p. 24.

Sami M. Al-Khatatneh, (2012) *Introduction to Mental Health*, First Edition, Dar Al-Hamid, Jordan, , pp. 207-208.



Salwa O. Al-Siddiqi, (2012) *Individual Service in the Context of Social Work*, 2nd Floor, Dar Al Kutub and National Documents, Cairo, p. 203

Talaat W., (2009), *Aging for Residents in Social Welfare Homes*, 1st Floor, Dar Al-Shorouk, Jordan, p. 76.

Zidan A. Baqi, (1980) *The Rules of Social Research*, 2nd floor, Souad Press, Cairo, p. 121.