

Effectiveness of Nurse-Led Intervention on Psychosocial Problems among Institutionalised Elderly at Ernakulam District in Kerala

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Abstract:

Psychological wellbeing and health are closely related, and the link may become more important at older ages, if only because the prevalence of chronic illness increases with advancing age. Nurse-led intervention is the simplest and cost effective method which helps in resolving psychosocial problems and enhances health. The present study aimed to evaluate the effect of Nurse-led interventions on psychosocial problems among institutionalised elderly at Ernakulam District in Kerala. A quantitative approach with experimental pre-test, post-test design was used. Fifty samples were collected as per inclusion criteria. Nurse-led intervention was administered as a structured teaching programme on management of psychosocial problems which can be corrected through modification in exercise and counselling to the experimental group by the investigator from Monday to Friday in the morning and in the evening for eight weeks. Post-test result indicated that the mean post test scores were significantly reduced than the mean pre-test score ($p < 0.001$). The findings of the present study highlights that nurse-led intervention is highly significant for reducing the psychosocial problems among institutionalised elderly.

As life expectancy increases and treatments for life-threatening disease become more effective, the issue of maintaining wellbeing at advanced age is growing in importance. Studies of older people indicate that evaluations of quality of life are affected by the person's state of health, but the frequent finding that average self-reported life evaluation in the population increases with age suggests that psychological wellbeing is affected by many factors other than health. These include material conditions, social and family relationships, social roles and activities, factors that also change with age. With an increasing population ageing and by the changing context of the world, elderly has been pushed into a state of loneliness, helplessness, frustration and meaninglessness leading them to various psychosocial problems.

The percentage of elderly people, classified as those above 60 years of age, is expected to go up in India from 8 percent in 2015 to 19 percent in 2050. The country now faces the major challenge of how to take care of such a large population of senior citizens – whose number is set to grow three-fold from around 100 million at present to 300 million by 2050.

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This challenge has been highlighted in a report released by UN Population Fund India titled 'Caring for Our Elders: Early Response India Ageing Report 2017'. The report observes that the section that deserves maximum attention remains old women, who are more vulnerable than men due to their longer life expectancy and meagre or no income. With 12.5 percent of the total population being over 60 by 2030 and nearly a fifth of the total population by 2050, the report has flagged some key concerns and mapped possible policy responses for the government and civil society. "Everyone has a part to play for the wellbeing of the elderly, including the government and civil society, communities and families," said Diego Palacios, UN Population Fund country representative for India, while speaking at the release of the report.

It is the primary responsibility of the nurse to solve the problems of the institutionalised elderly and minimise disability. So the researcher took up this study.

Review of Literature

Prakash & Prerna Kukreti (2012) assessed the status of geriatric mental health in India. They stated that the elderly population of India is steadily increasing. Most common psychiatric illnesses in the Indian elderly population are depression, dementia and

anxiety disorders. Resources available to cater to the needs of elderly in the country are government and private psychiatric hospitals, non-governmental organisations and the family as caregivers. Lack of awareness, inadequate training opportunities; inequitable distribution of health resources and virtual absence of chronic care disease models are the challenges that confound the future of geriatric psychiatry in India. Government policies providing social benefits to the elderly population are in place but coverage is inadequate. For addressing geriatric mental health issues, the need of the hour is to increase awareness, capacity building, strengthening training and research activities, developing community-based rehabilitation programmes and developing a holistic primary health care system.

Maureen Markle-Rei, et al (2014) conducted a prospective one-group pre-test post-test study. The intervention was an evidence-based depression care management strategy led by a registered nurse that used an IP approach. Of 142 eligible consenting participants, 98 (69%) completed the six-month and 87 (61%) completed the one-year follow-up. Outcomes included depressive symptoms, anxiety, health-related quality of life (HRQoL), and the costs of use of all types of health services at baseline and six-month and one-year follow-up. An interpretive descriptive design was used to explore clients', nurses', and personal support workers' perceptions about the intervention's appropriateness, benefits, and barriers and facilitators to implementation.

Results reveals that of the 142 participants, 56% had clinically significant depressive symptoms, with 38 percent having moderate to severe symptoms. The intervention was feasible and acceptable to older home care clients with depressive symptoms. It was effective in reducing depressive symptoms and improving HRQoL at six-month follow-up, with small additional improvements six months after the intervention. The intervention also reduced anxiety at one year follow-up. Significant reductions were observed in the use of hospitalisation, ambulance services, and emergency room visits over the study period. Study findings provide initial evidence for the feasibility, acceptability, and sustained effects of the nurse-led mental health promotion intervention in improving client outcomes, reducing use of expensive health services, and improving clinical practice behaviours of home care providers. Future research should evaluate its efficacy using a randomised clinical trial design, in different settings, with an adequate sample of older home care recipients with depressive symptoms.

Markle-Reid, Keller, & Browne, 2016) found tremendous potential for person-centred nurse-led interventions, such as those being evaluated through the aging, to improve health outcomes in community-living of the older adults with multi-morbidity. However, the system is poorly equipped to address the complex care needs of older adults with multi-morbidity and their caregivers, including mental health needs. Although many chronic diseases have a common basis that is preventable or manageable by lifestyle changes, most interventions happen at a tertiary prevention level, focusing on illness and episodic acute care, and largely ignore health promotion and secondary prevention.

Methodology

The study was approved by the ethical committee of MOSC College Hospital, Ernakulam. Permission was obtained from the concerned authorities of selected old age homes. Hundred samples were selected from the old age homes based on the inclusion criteria like elderly Residing in old age homes, In the age group of 60-80 years, able to verbalise their feelings and follow the commands and instructions, with physical problems, Period of stay less than 5 years. Exclusion criteria's were: Who is completely paralysed, Bed-bound for more than 6 months, Having severe psychosocial problems, With visual and auditory impairment, Who are terminally ill. The researcher visited the old age homes and met the care takers and explained about the study and their willingness to participate in the study was sought. Informed consent was obtained from the care takers and samples and confidentiality of the results were assured.

The demographic characteristics and psychosocial problems like depression, loneliness, social isolation, anxiety neglect by family members, lack of self-confidence and memory loss were assessed by using 3-point rating scale. The elderly received nurse-led intervention program consisting of forty minutes and two sessions per week for 8 weeks. Weekly follow-up was carried out. The programme included minor exercise and structured teaching programme for the management of psycho social problems. The post test was carried out by the elderly after the intervention. The data analysis plan included both descriptive and inferential statistics in the form of frequency percentage, mean, standard deviation and paired 't' test.

Objectives

The study was undertaken with two objectives:

1. To assess the psychosocial problems among

Table 1: Effectiveness of nurse-led intervention on psychosocial problems among institutionalized elderly (n= 50)

Psychosocial problems	Pre-test		Post-test		Paired 't' test	p value
	Mean	Standard deviation	Mean	Standard deviation		
Depression	8.34	1.624	6.34	1.573	19.415	0.001
Loneliness	5.98	1.378	4.06	1.038	19.530	0.001
Isolation	4.52	1.129	2.74	0.922	23.074	0.001
Anxiety	4.98	1.392	3.12	1.1000	20.576	0.001
Neglect by family members	7.76	1.188	5.86	1.030	23.152	0.001
Lack of confidence	3.84	1.131	2.28	0.927	17.130	0.001
Memory loss	2.88	.328	1.64	0.631	12.765	0.001

institutionalised elderly.

- To evaluate the effect of Nurse-led interventions on psychosocial problems among institutionalized elderly.

Results

Demographic characteristics of institutionalised elderly

With regard to age, majority (44%) of the institutionalised elderly persons were between 60 and 70 years. Majority (56%) of the institutionalised elderly persons were male. Majority (50%) could only read and write. Very few (10 to 14%) had completed 8 to 10 years of schooling. Regarding income 48 percent of the institutionalised elderly had no income (26%) drawing a meagre Rs. 2000/- per month. Regarding marital status, 46 percent were unmarried, 50 percent were widow and widowers and only 4 percent were divorced. Regarding physical health status, 62 percent had complaints of one or the other physical health problem. Majority of institutionalised elderly (52%) were staying for less than a year and 1-3 years. Majority (72%) of them came to old age home due to lack of care by family members and 28 percent came to old age home due to conflicting relationship with family.

Effectiveness of Nurse led intervention on psychosocial problems among institutionalised elderly

Table 1 shows the mean levels of psychosocial problems in pre-test and post-test among those who received intervention and the mean difference (statistically significant at p value 0.001).

Discussion

Researcher examined the effect of a nurse-led intervention programme on the psychosocial health of the institutionalised elderly. Comparison of the mean

scores of general health subscale before and after the intervention showed that the mean score of psychosocial problems significantly decreased, indicating the positive effect of intervention on the participants of this group (P=0.001). Findings were supported by the study conducted by Markle-Reidr et al on one-group pre-test post-test study aims to recruit a total of 250 long-stay (> 60 days) home care clients, 70 years or older, with depressive symptoms. The nurse-led intervention is a multi-faceted programme led by a registered nurse that involves regular home visits, monthly case conferences, and evidence-based assessment and management of depression using an inter-professional approach. The primary outcome is the change in severity of depressive symptoms. Secondary outcomes include changes in the prevalence of depressive symptoms and anxiety, health-related quality of life, cognitive function, and the rate and appropriateness of depression treatment.

Conclusion

Elderly usually experience psychosocial problems like depression, loneliness, isolation, anxiety, neglect by family members, lack of confidence and memory loss. Nurse-led intervention is significantly effective in reducing psychosocial problems among the institutionalised elderly.

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