

Assessment of the Psychological Condition of Long-Term Care Residents in Osijek-Baranja County, Croatia



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Abstract

Older adults commonly have mental health issues in combination with chronic physical and social challenges. Nurse should identify problems, set goals, implement and evaluate them. Main goals of gerontologic nursing care are to maintain older adults' independence in daily activities and encourage personal responsibility for their mental and physical health. Goal was to examine the psychological state of long-term care residents in Osijek-Baranja County, Croatia. Study was cross sectional using Symptom Checklist 90 – Revised (SCL-90) questionnaire. Respondents from Osijek have poor physical health; respondents in rural area are more unsatisfied with their sexuality. Divorced and married respondents are sadder than unmarried respondents and widows. Women cry more often than men. Men more often feel lonely. This study suggests that further research is needed to establish a solid evidence base of psychological condition of long-term care residents, not only in Osijek-Baranja County, but also in Croatia.

Keywords: Psychological conditions; Long-term care residents; Croatia; Nursing care

Introduction

The World Health Organization [1] defines mental health as a state of well-being in which an individual achieves his/her own potentials successfully faces life stresses; and productively and effectively, contributes to the community in which he/she lives. Quality of mental health is the key to healthy living [2]. The holistic model of mental health generally includes concepts based on anthropological, educational, psychological, religious and sociological assumptions [3].

Older Adults in Croatia

In 2014, share of people over 65 years in Croatia was 18.5%, same as average of European Union. According to European Commission, share for Croatia in 2060 will be 29.6% [4]. Also, prediction is that people over 80 years will make more than a third of Croatia older population. Waiting lists are probably one of the first associations when it comes to homes for the elderly in Croatia, which point to mismatch of supply and demand, and certain weaknesses of the system. Despite the growing number of homes in the private sector, in state homes was 70% of the total number of users (15,488) at the end of 2014. Currently, there are around 13,000 interested in accommodation in the state homes, and a total of almost 70,000 applications for accommodation, indicating enormous waiting lists. Considering the high number of interested parties, it should be taken into account that it is not

the real number of older people who need accommodation in nursing homes. A certain number of people submit the request in advance while they do not need accommodation yet. In addition, requests can be submitted to multiple homes.

Demand for accommodation in state homes significantly exceeds the offer, which is not the case with private homes. Greater attractiveness of the state homes compared to private, disregarding quality of service, certainly arises from the price of the accommodation. The state subsidizes costs in state-owned homes, which allows lower prices for their users [5].

Mental Health

Residents in nursing homes have many mental health issues including depression, anxiety, and paranoia; Understanding factors that may affect residents' mental health will enable nurses to provide holistic care.

Depression and anxiety occur more frequently than other symptoms and disorders in all life spans [6]. Although no differences exist between the types of depression symptoms among younger and older adults, differences in the prevalence of these symptoms have been found according to age. Thus, Small, Commander, Gitlin, and Jarvik [7] compared the symptoms of depression in younger and older people and found that feelings of

guilt appeared less frequently and less intensively in the elderly. In the elderly, complaints were more frequent about memory problems, though not necessarily the actual memory problems [8,9]. Depression is associated with damaged immune responses in the elderly [10], and is a risk factor for poor health and predictor of death [11,12]. Milder depression symptoms are associated with poorer quality of life [13], which can be associated with weakening of the immune system in older people, and these effects are even stronger with age [14]. Furthermore, anxiety is associated with memory loss, and its presence is a predictor of future cognitive decline [15]. Paranoia in elderly patients is consequence of various illnesses (neurological, psychiatric or medication-induced illness) [16].

The Role of Nurse in the Preservation of Mental Health of the Elderly

Homes for long – term care residents provide geriatric health care. Nurse is a key person who provides all the care needed to the long-term care residents. A holistic approach is needed to provide quality for long – term care residents. The application of a holistic approach to the health care of a human being means that nurse should observe body, psyche, and spirit with the social, cultural, environmental, social, political, and economic factors affecting the individual. The nurse in his/her holistic approach should identify problems, set goals, and implement and evaluate them. The main goals of gerontologic nursing care are to maintain older adults' independence in daily activities and encourage personal responsibility for their mental and physical health. Gerontological nurses should care for the dignity, rights and happiness of residents along with his/her family, provide support and encourage competences, with focus on individual life stories, and secure older adults' recognized place in society.

This is the first research done in Osijek-Baranja County about the psychological condition of long-term care residents. We compared state nursing homes (Osijek and Beli Manastir) and private nursing homes (Darda). Also, Croatia has many elderly people, and the majority of nursing homes have significant waiting lists. Sometimes, elderly people wait for more than 10 years to get residence in nursing homes. The aim of this research is to examine the psychological conditions of long-term care residents in Croatia. Specific aims are to determine whether there are differences in the psychological state of the respondent's regard to the place of nursing home, gender, age, and marital status. We used these general variables because we wanted to identify differences between all residents in nursing homes. A hypothesis of this research was that there is no difference in the psychological condition of long-term care residents in private and state nursing homes.

Methods

Design

Study was cross-sectional. A survey was conducted from April to May of 2017.

Sample and Settings

A total of 95 respondents participated. Respondents were long-term residents in Darda (n = 50), Beli Manastir (n = 14) and Osijek (n = 31), Croatia.

Instruments

Psychological condition parameters examined by SCL-90 questionnaire have goal to better define psychopathology and psychological stress and to make a more suitable measuring instrument for monitoring psychological status as a response to stress [17]. SCL-90-R measures the current degree of psychological symptoms of discomfort stressful situations in life. The scale is not applicable to dementia, delirium or retarded and acute psychotic subjects. The respondent needs 12-15 minutes for filling out the questionnaire [17]. Main advantage of SCL-90-R is multidimensional profile of symptoms, which significantly increases the quality of measurement [17]. SCL-90-R is translated into 17 languages. Scale translations (including Croatian) do not differ from the English version considering the reliability of the scale by measuring the internal consistency of dimensions [17].

It should be emphasized that SCL-90-R can relatively fast; easy and practically free find individuals who have problems in living in home for elderly or have difficulty with adapting. Also, by using this measuring instrument, we can identify, in conjunction with additional socio-demographic indicators, the specific problems of home users and their impact on disturbed dimensions and stress indices [18].

Procedure

As we were limited with time, we adjusted the questionnaire to our research. Instead of 90 statements, we outlined 29 statements in 3 subscales: 13 statements related to depression, 10 to anxiety, and 6 statements on paranoid idea. The responses were presented Likert scale, in which the grade 0 indicates the weakest intensity of the symptom (not at all) and 4 indicates the strongest intensity of the symptom (very). The anonymous survey questionnaire was used and consisted of general data on age, gender, length of stay, education and marital, parental, and health status, and 29 open ended statements.

Data Analysis

Category data were represented by absolute and relative frequencies. The numerical data were described by the median and the limits of the interquartile range. The variables of category variables were tested by the χ^2 test. Differences between numeric variables between 3 and more independent groups were tested by Kruskal-Wallis test. All P values are two-sided. The level of meaning is set to $\alpha = 0.05$. For statistical analysis, statistical software MedCalc Statistical Software version 14.12.0 [19] was used.

Ethical Considerations

Ethical permission was sought and gained for the study through the local ethics committee and University committee.

Research was conducted in an ethical and responsible manner and is in full compliance with all relevant codes. We gave every participant a written consent. They were acknowledged that they cannot be identified via the paper; and that we, as authors, have fully anonymized them.

Results

Comparison of the psychological condition of the elderly in the retirement's home in Osijek, Beli Manastir and Darda was conducted with SCL-90-R scale. Demographic data of respondents is presented in Table 1, the respondents were divided according to place of living (town and village). The average age was 79

years. Four times more women than men lived in the rural area (Darda), and in towns (Beli Manastir and Osijek) three times more women than men. Most of respondents in the rural area lived in the nursing home between 1 to 5 years, and in the town most of them lived there more than 5 years. In the village, nearly 60% of respondents completed elementary school, while in the town 60% completed high school. Around 70% of respondents were widows or widowers. Respondents did not differ significantly from parenting status and number of children. Almost 80% of the respondents have children. In both groups, the largest number of respondents, approximately 1/4 suffered from cardiovascular diseases and locomotor system disorders.

Table 1: Demographic data.

		Village N(%)	Town N(%)	p*
Age	41-69	8 (16,00)	5 (11,00)	0.373
	70-79	14 (28,00)	21 (47,00)	
	80-89	25 (50,00)	19 (42,00)	
	90>	3 (6,00)	0 (0,00)	
Gender	Male	10 (20,00)	14 (31,00)	0.039*
	Female	40 (80,00)	31 (69,00)	
Living in retirement home	Less than 1 year	18 (36,00)	8 (18,00)	0.426
	1-5 years	29 (58,00)	11 (24,00)	
	More than 5 years	3 (6,00)	26 (58,00)	
Education	Elementary school	29 (58,00)	12 (26,00)	0.869
	High school	13 (26,00)	28 (61,00)	
	Bachelor	7 (14,00)	4 (9,00)	
	Master	1 (2,00)	0 (0,00)	
	PhD	0 (0,00)	1 (2,00)	
Marriage status	Unmarried	7 (14,00)	5 (11,00)	0.301
	Widow	37 (74,00)	30 (67,00)	
	Divorced	2 (4,00)	5 (11,00)	
	Married	4 (8,00)	5 (11,00)	
Parental status	Yes	37 (74,00)	38 (85,00)	0.956
	No	13(26,00)	7 (15,00)	
Chronic diseases	None	3 (6,00)	0 (0,00)	0.518
	Cardiovascular diseases	11 (22,00)	10 (22,00)	
	Gastrointestinal diseases	3 (6,00)	1 (2,00)	
	Rheumatic diseases	9 (18,00)	10 (22,00)	
	Locomotor system disorders	9 (18,00)	13 (29,00)	
	Hypertension	7 (14,00)	3 (7,00)	
	Carcinoma	3 (6,00)	3 (7,00)	
	Respiratory system diseases	3 (6,00)	4 (9,00)	
	Blindness	2 (4,00)	1 (2,00)	
Total		50 (100,00)	45 (100,00)	

* χ^2 test

Table 2: Difference according place of retirement home where they reside.

	Questions	Darda Me (25-75%)	Beli Manastir Me (25-75%)	Osijek Me (25-75%)	p
Depression	2. Loss of sexual interest or pleasure	4,00(1,00- 4,00)	0,00(0,00 -2,00)	0,00(0,00 -1,00)	>0,001*
	4. Feeling a lack of energy	3,00(2,00 -4,00)	3,00(2,00 -4,00)	3,00(2,00 -3,00)	0,451
	5. Thoughts about death	2,00(1,00 -3,00)	0,50(0,00 -1,00)	2,00(2,00 -3,00)	>0,001*
	8. Crying easily	2,00(1,00 -3,00)	1,50(0,00 -2,00)	2,00(0,00 -3,00)	0,359
	9. Feeling you are trapped or caught	0,50(0,00 -2,00)	1,00(0,00 -1,00)	2,00(0,25-3,00)	>0,001*
	11. Self-blame for different things	1,00(0,00 -2,00)	0,00(0,00 -1,00)	2,00(2,00 -3,00)	>0,001*
	12. A sense of loneliness	1,00(0,00 -2,00)	2,00(1,00 -2,00)	3,00(1,25-4,00)	>0,001*
	13. Feeling sad	2,00(1,00 -3,00)	2,00(1,00 -2,00)	3,00(2,00 -4,00)	0,194
	14. Worrying too much about different things	2,00(1,00 -3,00)	2,00(1,00 -2,00)	2,00(2,00 -3,00)	0,001*
	15. Lack of interest in events around you	2,00(1,00 -3,00)	1,00(1,00 -3,00)	3,00(2,00 -3,75)	0,081
	19. The feeling of hopelessness towards the future	3,00(1,00 -3,00)	1,00(0,00 -1,00)	2,00(1,00 -3,00)	>0,001*
	22. You feel that you are all tense	3,00(2,00 -4,00)	3,50(2,00 -4,00)	3,00(2,00 -4,00)	0,648
	26. Feeling worthless	1,00(1,00 -3,00)	1,00(0,00 -2,00)	2,00(0,25-2,75)	0,144
Anxiety	1. Nervous or internal insecurity / tension	2,00(1,00-3,00)	1,00(0,00 -2,00)	3,00(2,00 -3,75)	>0,001*
	6. Trembling	1,00(0,00 -2,00)	0,00 (0,00 -1,00)	2,00(1,25-3,00)	>0,001*
	10. Suddenly afraid for no reason	1,00(0,00 -2,00)	0,00(0,00 -1,00)	2,00(0,25-3,00)	>0,001*
	16. Fear	1,00(0,00 -2,00)	1,00(0,00-1,00)	2,00(1,00 -3,00)	0,002*
	17. Palpitation or tachycardia	1,00(1,00 -3,00)	1,00(0,00 -2,00)	3,00(2,00 -3,75)	>0,001*
	20. A feeling of tension or physical anxiety	1,50(0,00 -3,00)	1,00(0,00 -2,00)	2,00(1,25-3,00)	0,038*
	23. The attacks of fear or coercion	1,00(0,00 -2,00)	0,50(0,00 -1,00)	2,00(0,00 -3,00)	0,034*
	25. You feel disturbed and you cannot be in one place	1,00(0,00 -3,00)	0,50(0,00 -1,00)	2,00(1,00 -3,00)	0,016*
	27. You feel something bad will happen to you	2,00(1,00 -2,00)	0,50(0,00 -1,00)	2,00(2,00 -3,00)	>0,003*
29. Scary thoughts and images	1,00(0,00 -2,00)	0,00(0,00 -0,00)	0,00(0,00 -1,75)	0,003*	
Paranoid ideas	3. Feeling that others are guilty for most of your problems	1,00(0,00 -2,00)	1,00(1,00 -2,00)	3,00(1,00 -3,00)	>0,001*
	7. The feeling that most people cannot be trusted	1,00(0,00 -2,00)	0,50(0,00 -1,00)	3,00(2,00 -3,75)	>0,001*
	18. Feel that others are watching or talking about you	0,00(0,00 -1,00)	1,00(0,00 -2,00)	2,00(1,00 -3,00)	>0,001*
	21. You have ideas or beliefs that others do not share	1,00(0,00 -2,00)	0,00(0,00 -0,00)	2,00(1,25-3,00)	>0,001*
	24. You do not get a deserved credit for your merits	0,00(0,00 -2,00)	0,00(0,00 -0,00)	2,00(1,00 -3,00)	>0,001*
	28. Feeling people will use you if you let them	0,00(0,00 -1,00)	0,00(0,00 -0,00)	2,00(1,00 -3,00)	>0,001*

*Kruskall-Wallis test

Table 2 shows statistical differences between respondents. Residents from Darda are significantly more unsatisfied with their sexuality ($p > 0,001$). Also, they feel hopeless about their future than others ($p > 0,001$). Elderly people from Osijek feel that others are guilty for most of their problems much more than residents from Darda and Beli Manastir, and that other people cannot be trusted ($p > 0,001$).

Comparing respondents according to age we found that respondents in age groups 70-79 and older than 90 have never experienced fear compared to others ($p = 0,027$). Respondents in age groups 41-69 and 80-89 are feeling disturbed more often than others ($p = 0,016$). Divorced and married respondents are sadder than unmarried respondents and widows ($p = 0,025$). According to gender, women cry more often than men ($p > 0,001$). Also, women more often feel hopeless ($p = 0,004$) and worthless than men ($p > 0,001$). Men more often feel lonely ($p = 0,024$).

Discussion

Place of residence, age, gender and marital status affect long-term care residents' psychological state in terms of anxiety, depression, and paranoid ideas. Other studies found that age, gender, hospitalization, and cessation of work significantly affect psychological condition of the elderly, which manifests with change of mental state in terms of anxiety, depression, and loss of interest [20-24]. Respondents in Osijek have the feeling of nervousness or inner insecurity and burning or accelerating heart. The situation in Beli Manastir is different. This situation could be explained with the fact that Osijek is much bigger city than Beli Manastir, and nursing home in Osijek is bigger with much more long-term care residents. Among residents from Osijek there is no fright, fear for no reason, attacks of fear, discomfort, bad feelings and frightening thoughts.

The survey showed that respondents who live in Osijek gave the most negative answers to questions in the group of paranoid ideas. Respondents in Osijek often feel that others are guilty of most of their problems and feel that most people cannot be trusted. On the contrary, respondents in Beli Manastir and Darda do not have the feeling that someone will take advantage of them. They feel that they get a deserved credit and respect. Also, these results could be explained with the fact that Osijek is bigger city. Osijek is regional center of east Croatia, and most of events, good or bad, occur there.

Two questions relate to sudden frightening without a cause and a feeling of restlessness and in both questions respondents over 90 years had significantly more positive answers. As expected, with age increases dissatisfaction with certain allegations, such as loss of sexual interest, a sense of inadequate energy, thoughts about the end of life, a sense of hopelessness to the future and effort. Women cry more easily, and feel hopeless and worthless, and men are lonelier. Feelings of sadness were manifested by divorced and married respondents, although it would be expected that this feeling would be manifested by widows.

Hale & Cochran [25] found in the psychopathology of married elderly people the differences in terms of three dimensions -

anxiety, sensitivity to interpersonal relationships, and paranoia. Paranoia was typical for men, and anxiety and sensitivity in interpersonal relationships was typical for women, which could be associated with different patterns of response to stressful situations. Nurses should learn about the specifics of the mental state of the elderly during their formal education. Also, they should to know which factors are important for assessing the psychological state of home users. Specific programs should be developed to monitor the psychological status of the elderly risk groups that differ in the degree of stress-related psychological stress and their effectiveness can be monitored using the SCL-90-R scale. Further work needs to be done on drafting of SCL-90-R scale legislation for the Croatian population of non-institutional residents as well for those residing in the institution. In particular, longitudinal research monitors the psychological state of the elderly should be conducted in all phases of adaptation to life in the home for elderly, including living in the local community and preparation for institutionalization [26].

In this research we tried to identify all problems of long-term care residents. The findings indicate that respondents from Osijek have poor physical health. Respondents in rural area are more unsatisfied with their sexuality, and they feel hopeless about the future. Divorced and married respondents are sadder than unmarried respondents and widows. Women are more often have emotional problems than men. This study suggests that further research is needed to establish a solid evidence base of psychological condition of long-term care residents, not only in Osijek-Baranja County, but also in Croatia. Mental health nurses should know about long-term care residents' psychological condition in order to modify nursing care for every individual. script has not been published elsewhere. It has not been submitted simultaneously for publication elsewhere.

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