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Stan emocjonalny osób starszych w populacji wiejskiej

The emotions of elderly people from the rural population

Streszczenie

Wstęp. Celem niniejszej pracy była ocena stanu emocjonalnego osób starszych w populacji wiejskiej.

Materiał i metoda. Badania przeprowadzono wśród 102 (56 kobiet, 46 mężczyzn) osób w wieku od 60 do 86 lat (śr 73,18) województwa podkarpackiego, w pełni sprawnych intelektualnie. Zastosowano: kwestionariusz wywiadu własnej konstrukcji, Skrócony Test Sprawności Umysłowej wg Hodkinsona, Geriatryczną Skalę Oceny Depresji, Skalę Katza (ADL), Skalę Lawtona (IADL).

Wyniki. Większość badanej grupy (71,6%) należała do osób o prawidłowym stanie emocjonalnym. Wykryto, że stan emocjonalny pogarszał się wraz z wiekiem badanych ($p<0,001$) oraz, że kobiety gorzej oceniały swój stan emocjonalny niż mężczyźni ($p<0,05$). Znaczna część badanych posiadała wykształcenie niepełne podstawowe (54,9%) lub podstawowe (18,6%). Stwierdzono, że stan emocjonalny osób z niższym wykształceniem był gorszy w porównaniu z osobami z wykształceniem wyższym ($p<0,01$). Zdecydowana większość badanej populacji (90,2%) była sprawna w zakresie podstawowych czynności życiowych (ADL) lecz wykazywała znaczną niesprawność (66,7%) w zakresie czynności złożonych (IADL). Stwierdzono, że wraz z pogarszaniem się samodzielności w wykonywaniu podstawowych i złożonych czynności dnia codziennego pogarszał się stan emocjonalny badanych ($p<0,001$). Wśród badanych osób zdecydowana większość (71,5%) posiadała w swoim otoczeniu osoby mogące im pomóc w razie konieczności. Wykazano, że kobietom trudniej było otrzymać wsparcie w otoczeniu niż mężczyznom ($p<0,01$) oraz, że u osób nie posiadających wystarczającego wsparcia społecznego z otoczenia występowało większe prawdopodobieństwo depresji ($p<0,001$).

Wnioski. Wpływ na występowanie depresji u osób starszych w populacji wiejskiej miały: postępujący wiek starczy, bycie kobietą, niskie wykształcenie, brak wsparcia społecznego oraz pogarszająca się sprawność w zakresie podstawowych i złożonych czynności życiowych.

Abstract

Introduction. The aim of the study was to estimate the emotions of elderly people in the rural population.

Material and methods. The study was carried out among 102 people (56 females and 46 males), 60-86 years old (average 73.18) in the Podkarpacie Province. The investigated group was intellectually active. The research was based on a self-made questionnaire, Hodkinson's Abbreviated Mental Test Score, Yesavage's Geriatric Depression Scale, Katz (ADL) Scale, Lawton Scale (IADL).

Results. The majority of the investigated group (71.6%) were the people in the correct emotional state. It has been found out that the emotional condition deteriorates when people get older ($p<0.001$) and women assess their emotional condition to be worse than that of men ($p<0.05$). A large number of the examined had incomplete elementary education (54.9%) or full elementary education (18.6%). It was stated that poorly educated people were in a worse emotional condition when compared with people with higher education ($p<0.01$). The majority of the examined group (90.2%) were independent in performing activities of daily living (ADL), but also had a lot of problems with instrumental activities of daily living (IADL). There was also a correlation between lower efficiency in ADL and IADL and a worse emotional condition ($p<0.01$). The majority of the investigated (71.5%) had in their environment people who could help them anytime. It has been stated that women find it more difficult to get social support in comparison with men ($p<0.01$) and also people without social support were more predisposed to depression ($p<0.001$).

Conclusions. Among the factors influencing the development of depression in elderly villagers were: obsolescence, female gender, poor education, lack of social support and worsening efficiency in ADL and IADL.

Słowa kluczowe: populacja wiejska, osoby starsze, depresja

Key words: rural population, elderly people, depression

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INTRODUCTION

The ageing population is one of the most characteristic things for many countries in the modern world. It is considered to be one of the biggest triumphs of modern civilization because it proves the progress in medicine and economy. These both areas contribute to the decrease in the death rate and to a longer lifespan. The ageing of the societies is also important for economic development, unemployment, retirement, health and social care [1]. The ageing of the population means there are more ill people and people with health problems [2].

Apart from somatic diseases, there are more mental disturbances. One of the most frequent disturbances in this age is depression [3]. Depression, disability, falls, dementia, incontinence of urine and feces, dysacusia and dysopia belong to 'a big geriatric group', which is reason of lack of independence and increase in the illness and death rates among elderly people [4].

It is estimated that 15% people over 65 suffer from depression; 3% - 5% of them suffer from 'big depression'. There are many factors associated with it. The most frequent ones are: chronic diseases which restrict everyday life, taking some medicine for a long time (cytostatic, anti-parkinsonian, neuroleptic, corticosteroid, hypotensive), negative life balance, different types of loss characteristic of that age (death of relatives, loss of social status, ability, possessions), loneliness, social isolation, change of environment [5].

There is also a masked depression among elderly people; somatization of symptoms. Then, somatic symptoms are the most important – different complexes of pains, disturbances in stomach and intestines, itching of the skin or lack of appetite. There is also delusional depression (big fears, psychomotor anxiety, deep sadness and the feeling of hopelessness) and pseudo-dementia (disturbances of cognitive processes which can develop into dullness).

Suffering from depression in this age is very dangerous – there is high risk of suicide. It is said that suicides committed by people over 75 are three times more frequent than among younger people. According to Kepiński 'when the young commit suicide they call for help; when the old commit suicide they call only for death' [6].

The aim of this project was to estimate the emotional condition of elderly people belonging to the rural population and to indicate the factors that influence emotional disturbances.

METHODS AND MATERIAL

The research was based on a diagnostic survey. There were the following research tools:

- A self-made questionnaire involving the social and demographic data and the received social support data
- Hodkinson's Shortened Mental Test Score to determine intellectual abilities. More than 6 points indicated normal state, from 4 to 6 indicated partial impairment and 3 points or fewer indicated serious impairment [7].
- The Geriatric Depression Scale to estimate depression – to estimate emotional state. Points from 0 to 5 indicated normal state, from 6 to 10 points indicated usual depression

and from 11 to 15 points indicated serious depression.

- The Katz and Lawton Scale to estimate correlation between basic and complex life activities and depression. Using the Katz Scale the points from 5 to 6 indicated a fit person, from 3 to 4 indicated a partially fit person and from 0 to 2 indicated a disabled person [7].

The Lawton Scale was used to evaluate complex life activities (IADL). People who were not able to do one of these things were considered to be IADL unfit [7].

STATISTICA program, version 6.0 PL, was used to make statistical analysis. Spearman correlation and ANOVA one-factor analysis were used to examine associations between variables. The level which indicated the vital result was $p < 0.05$.

RESULTS OF RESEARCH

One hundred and two people participated in the research (54.9% women and 45.1% men) at the age between 60 and 86 (average 73.18 ± 7.86 ; $Me=72$ years) living in the countryside. The difference between the age of women and men wasn't significant, accordingly 73.77 ± 7.82 years and 72.48 ± 7.94 years.

Majority of respondents ($n=66$, 64.7%) were married. The third of respondents were a widow or widower ($n=33$, 32.3%). Two people (2%) were divorced and one man was unmarried (1%). Majority of women (51.8%) were widows while most men (87%) were married.

The educational analysis shows that most of them (54.9%) do not even have elementary education or their education is primary (18.6%). Sixteen of them (15.7%) have vocational education. Merely 6 (5.9%) respondents have secondary education and 5 (4.9%) have higher education. The level of education of women was lower than that of men. Twenty two (48%) men and 34 (62%) women have not completed elementary school. Seven (15%) men and 12 (21%) women have primary education.

The source of livelihood of most respondents ($n=80$; 78%) was old age pension or annuity 17.7% ($n=18$). Most respondents ($n=63$, 61.7%) say that the received benefits were not always sufficient for their basic needs. For 7 (6.9%) of them they were completely insufficient and only 32 (31.4%) of the examined said that benefits were sufficient (with most of them being men – 47.8%, compared to women – 17.9%).

Great majority of respondents lived together with their family ($n=79$, 77.4%), six (5.9%) of the examined lived alone and 15 (14.7%) people lived with their wife or husband. Two (2%) women lived with other people.

Average results of the Geriatric Scale of Depression Evaluation for the whole group were 3.4 ± 3.6 ; $Me=2$ where women 4.3 ± 4.0 ; $Me=4$ yet for men 2.3 ± 2.7 ; $Me=1$ which shows that women were in worse emotional state (Table 1.)

The great majority of the examined seniors ($n=73$; 71.6%) were in normal emotional state. Moderate depression was found in 25 (24.5%) people (19 women and 6 men) and the results showing deep depression were stated in 4 (3.9%) examined people (all of them being women).

The results show that women estimated their emotional to be worse than men ($p < 0.05$). The data involving self-

TABLE. 1 Emotional state.

	Amount n	Average	Standard deviations	Mediana	Minimum	Maximum
Women	56	4,3	4,01	4	0	12
Men	46	2,3	2,79	1,5	0	10
Total	102	3,4	3,64	2	0	12

TABLE.2 Social support in the group.

Helping people	Women		Men		Total	
	n	%	n	%	n	%
Yes	33	58,9	40	87	73	71,5
Not always	21	37,5	6	13	27	26,5
No	2	3,6	0	0	2	2

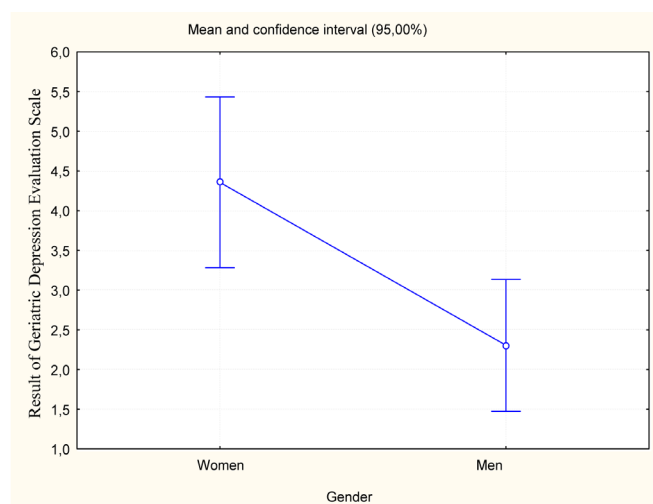


FIGURE 1. Differences between emotional state of women and men (n=102).

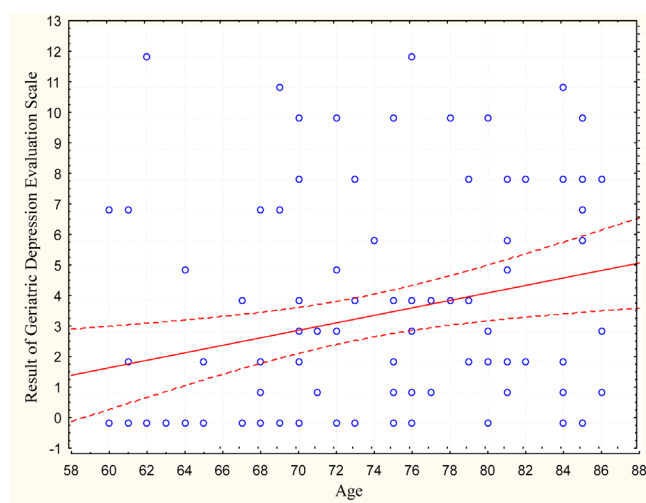


FIGURE. 2 Correlation between age and emotional state (n=102) (higher result on the OY axis shows worse emotional state).

evaluation of emotional state are shown on Figure 1 (higher result on the OY axis shows worse emotional state). It was discovered that emotional state was deteriorating with age ($R=0.358$; $p<0.001$) (Figure 2).

The results stated that there was statistically significant relation between the level of education and emotional state of respondents ($R=0.276$; $p<0.01$). The examined with lower level of education were in worse emotional state compared to people with higher education (Figure 3).

Among the examined, the great majority ($n=92$; 90.2%) of people were able to perform their basic live activities (ADL). Nine people (8.8%) were middle-fit and one man was completely unable to perform basic life activities.

The great majority of the examined ($n=68$, 66.7%)

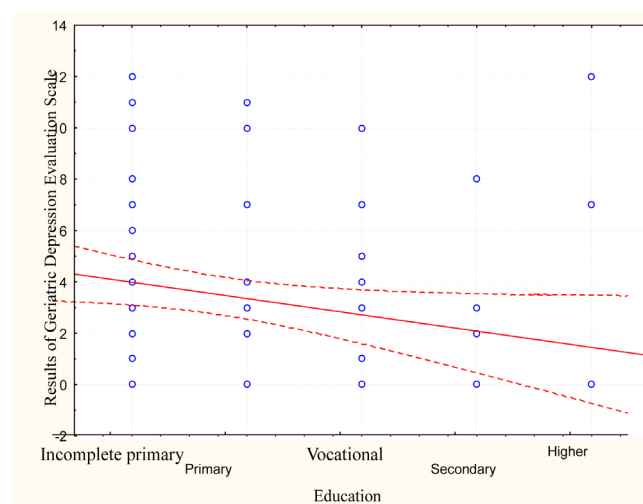


FIGURE 3. Correlation between education and emotional state (n=102) (higher result on the OY axis shows worse emotional state).

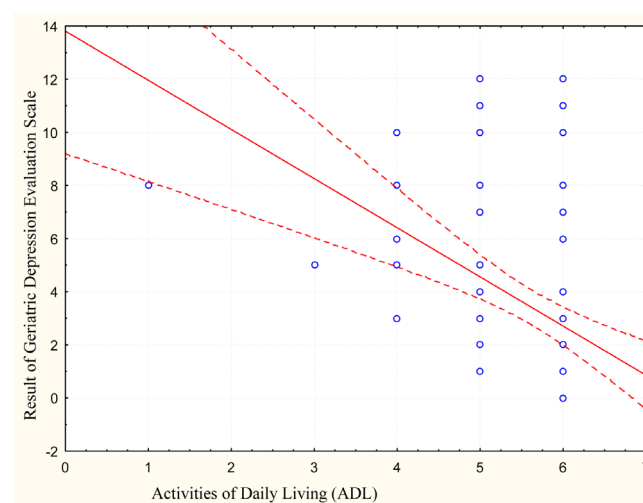


FIGURE 4. Correlation between independence of doing basic life activities (ADL) and emotional state (higher result on the OY axis shows worse emotional state) (n=102).

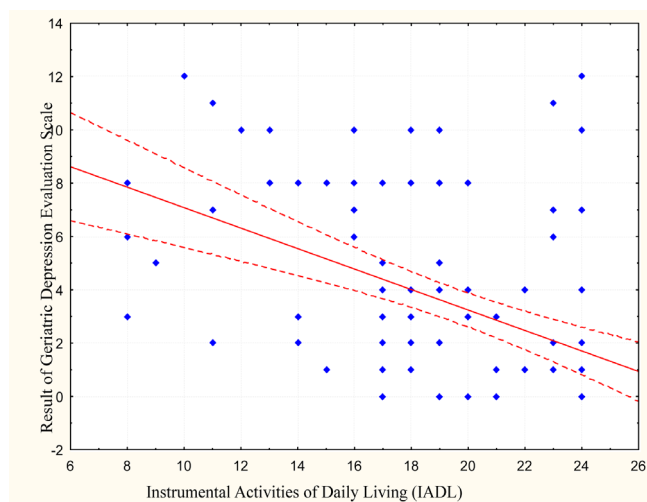


FIGURE 5. Correlation between instrumental activities of daily living (IADL) and emotional state (higher result on the OY axis shows worse emotional state).

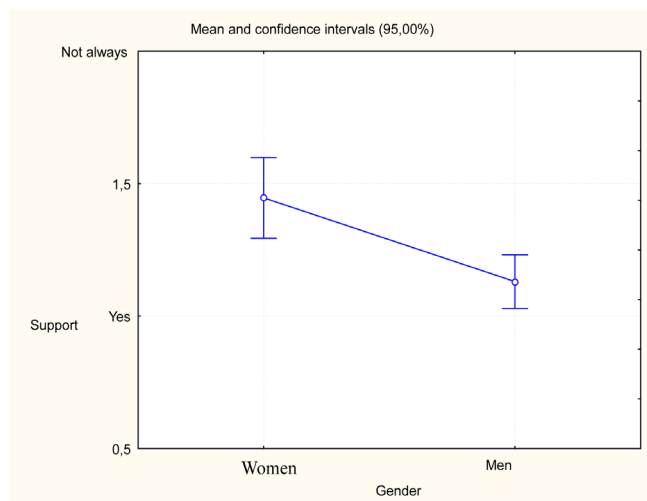


FIGURE 6. Differences between women and men in regard to social support.

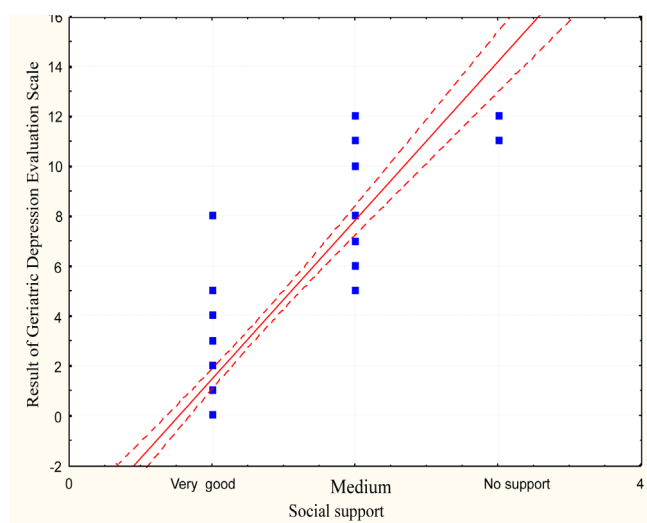


FIGURE 7. Differences between women and men in regard to social support.

needed help in their complex daily life activities (IADL). Only 34 respondents (33.3%) were completely able to perform complex daily life activities (IADL).

It was discovered that the worse emotional state among the examined was getting, the worse their independence

in performing basic activities ($R=-0.494$; $p<0.001$) and complex activities ($R=-0.568$; $p<0.001$) was becoming (Figure 4 and 5).

The great majority of respondents ($n=73$; 71.5%) declared that in case of necessity they had people in their environment that could help them. Twenty seven (26.5%) respondents said that they could not always count on that kind of help. Two (2%) people said that in their environment nobody wanted to help them. In case of necessity men could count of this kind of help more often than women, 87% and 58.9% respectively (Table 2).

The statistical connection between age and declared social support ($p=0.42$) have not been discovered. However, it is harder for women to receive environmental support ($p<0.01$) (Figure 6). Among people with insufficient support from their environment the possibility of depression appears to be bigger ($R=0.789$; $p<0.001$) (Figure 7).

REVIEW OF RESEARCH RESULTS

Depression among elderly people is a serious clinical problem [6] and when left alone, it is often the cause of death [8]. This research was an attempt to show the relationship between age and gender of the respondents and the occurrence of depression. It turned out that along with age, the emotional state of the examined is worsening significantly and the possibility of depression is higher in women than in men ($p<0.05$).

In their research on the group of 313 elderly people from the rural environment of the Sokółka community and 299 people from Białystok. Wojszel and co-workers also noticed that among the results of the Geriatric Depression Scale the incorrect are frequent but of no statistical significance. They show statistically important connection between depression frequency and the gender of examined people which confirms the results of the presented research [9].

The reference analysis shows that the occurrence of depression symptoms is an important factor in their physical efficiency getting worse [10]. The research results seem to confirm this information because they show statistically important connection between the deterioration of their emotional state and of their independence in terms of ADL and IADL ($p<0.001$).

The correlation between depression suspicion and the Katz's scale was also stated by the researchers from Cracow who examined 102 patients from the social care centre and also by other Polish and American researchers [11].

The human process of ageing heavily depends on the person's social situation [12]. Having around kind-hearted people who can be trusted is becoming more and more important as we grow older [13]. Researchers show that social bonds, close relationships and proper support lower the risk of death and these are the factors of good functional state and mental efficiency [14].

The analysis of this research shows that it is harder for women to find support in their environment compared to men ($p<0.01$) and that lack of sufficient social support heavily inflicts the possibility of depression ($p<0.001$) which confirms previous results showing a greater possibility of depression among women than among men.

The variable which has significant influence on elderly

people functioning is also their education, which is considered to be a health status indicator. The higher education level, the higher is the ability to be independent and to adapt (to changing conditions); the flexibility of behaviour is greater among people with "generation gap" being lower [15].

In the analysed research, the great majority of people had non-complete elementary education (54.9%) or elementary education (18.6%), and the number of women dominated among them. It shows that there is correlation between the education level and emotional state among the participants. The emotional condition was worse among people with lower education, which can also explain why women were in worse emotional state.

CONCLUSIONS

1. The obtained results of the research can be used to form the following conclusions:
2. The great majority of old age people who live in the rural areas shows proper emotional state.
3. The factors of depression risk are: progressing ageing, female gender, low education level, lack or improper social support or worsening independence in terms of basic and complex daily live activities.

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