

Situational Diagnosis of the Social Sphere of Elders Living in Retirement Homes

Verónica Benavides Pando, Martha Ornelas Contreras, Jesús Enrique Peinado Pérez, Juan Cristóbal Barrón Luján, Lepoldo Refugio López Baca*

Faculty of Physical Culture Sciences, Autonomous University of Chihuahua, Chihuahua, Mexico
Email: [*llopez@uach.mx](mailto:llopez@uach.mx)

Received 13 February 2015; accepted 27 February 2015; published 11 March 2015

Copyright © 2015 by authors and Scientific Research Publishing Inc.
This work is licensed under the Creative Commons Attribution International License (CC BY).
<http://creativecommons.org/licenses/by/4.0/>



Open Access

Abstract

A situational diagnosis of the social sphere of elder permanent residents at retirement homes in Chihuahua City was created with the aid of the Social Resource Scale instrument. From the 51 participants, there were 30 female and 21 male elders. The results and conclusions of the present study highlight two major needs: a systematic assessment of permanent residents in retirement homes and the implementation of a physical activation program. The proposed physical activation program must focus on both, the recovery of motor independence and the increase of socialization activities which allows members of the retired community to improve their daily routine performance and lessens the work load on their caretakers.

Keywords

Situational Diagnosis, Elder, Social Sphere

1. Introduction

Aging is reflected by progressive function decrease, which has a growth and deterioration rhythm according to our species. This cycle is genetically programmed; however, it is also broadly determined by living conditions. Such decline predisposes the loss of functional reserves and overall adaptation ability [1] [2].

Life expectancy in Mexico went up from 36 to 74 years between 1950 and 2000; it has been forecast at 80 years by the year 2050. Moreover, Mexico has experienced an ongoing fertility decrease with a former average of 7 children per household in 1960 to 2.4 in 2000. The birthrate dropped 46 births per every 1000 inhabitants in 2000 [3].

Nowadays nine out of 100 Mexicans are 60 years or older and according with the growth rate between 2000

*Corresponding author.

and 2010. Population is expected to double in 18.4 years [4], hence, Mexico has but a few decades to set institutional responses, which will help face, such demographic trends. More specific information regarding Chihuahua stat [5] shows that 12.5% of the overall population are senior citizens, 60 years or older. It is believed that by 2025 these numbers will represent a quarter of the overall population. With this information raises the question of health care, social, and human training needs required by this growing part of our population.

Furthermore, several studies agree that availability and quality of social support is part of senior citizens' better life experience and enhanced health conditions [6] [7]. Despite its structural transformation process, family remains the basis for social support since it represents the individual's initial social group. Hence, it is important to develop an integral geriatric assessment, consisting of a multidimensional deficit diagnosis and detection in the clinical, functional, mental, physical, and social spheres, on how elders are currently dealing with every day issues. Once there is a detailed need outline, a rational and integrative treatment and follow-up plan may be implemented [8] specially, since we are aware that the Mexican family structure is evolving from the extended into the nuclear family model. Such transition means less adult members providing care to the more vulnerable ones [9].

Therefore, there is an obvious need for permanent-stay retirement homes to provide a systematic geriatric inmate assessment. This appraisal must identify and quantify elder residents' physical, functional, psychiatric, and social problems to implement a treatment and follow-up plan with optimal resource allotment.

The present study aims at defining the current situation regarding the social sphere of elder permanent residents at retirement homes in Chihuahua City. Evidence and data deriving from this study will aid in further improved mediation in permanent-stay retirement homes, which will result in elders' enhanced quality of life.

2. Methods

2.1. Participants

The study included 51 older adults, 30 women and 21 men, residents of 4 permanent-stay retirement homes in Chihuahua City, who had a medical condition that allowed them to be valued and accepted to participate in the study. Age ranged between 60 and 98 years, with a mean of 81 and a standard deviation of 8.5 years.

2.2. Instrument

Scale sociological assessment of the elderly, OARS (Social Resource Scale). This multidimensional scale is one of the best-known regarding older people's social conditions. For the purpose of this study, only items related to family structure, social visits, and people available to provide help and friendship were used. The main and statistical criteria for factorial and inner consistency structure have demonstrated adequate adjustment, reliability, and validity indicators [10].

2.3. Procedure

Once collaboration agreements with participating retirement homes were settled, and the participating elders had signed the informed consents, the inquiry instrument application took place in applicant-participant, approximately 40-minute sessions. After that, data was analyzed.

3. Results

According to the gender and age frequency analysis of items related to family structure, friendship and social visit patterns, and caretaker availability (social area) in OARS sociological assessment scale (Table 1 and Table 2), the following observations emerged:

Almost half (47%) the elder inmates are single (OARS1). A fifth of Community-Dwelling adults have no one that visits them (OARS2). Three quarters of the sample have not had a telephone conversation with relatives or friends (OARS3) and more than half have not received any visitors during last week (OARS4). Moreover, 71% of the inmates do not get to leave the center (OARS5). Such situations are emphasized more in men.

One fourth of the elder inmates says they do not have someone they can trust (OARS6); two thirds feel lonely (OARS7) and almost three quarters of them (71%) say they do not see relatives or friends as often as they wish (OARS8). Such statements tend to have a higher ratio of Community-Dwelling adults of 79 years or less.

Table 1. Frequency distributions for every OARS sociological assessment-social network item according to gender.

OARS1 What is your marital status?				OARS2 How many people do you know well enough to visit them at home?			
	Male	Female	Total		Male	Female	Total
Divorced or separated	5%	3%	4%	None	24%	13%	18%
Widower	43%	43%	43%	1 or 2	14%	13%	14%
Single	48%	47%	47%	3 or 4	24%	13%	18%
Married	5%	7%	6%	5 or more	38%	60%	51%
OARS3 How many times have you been on the phone with friends or family in the last week?				OARS4 Over the past week how many times someone has visited or has visited?			
	Male	Female	Total		Male	Female	Total
None	86%	67%	75%	None	81%	37%	55%
Once	0%	17%	10%	Once	14%	23%	20%
2 to 6 times	5%	13%	10%	2 to 6 times	5%	33%	22%
Once a day or more	10%	3%	6%	Once a day or more	0%	7%	4%
OARS5 In the past year, how often went on holiday, shopping or hiking?				OARS6 Do you have a person you trust?			
	Male	Female	Total		Male	Female	Total
Once a year or never	86%	60%	71%	No answer	0%	3%	2%
Less than once a month	0%	7%	4%	No	24%	23%	24%
Once or thrice a month	5%	20%	14%	Yes	76%	73%	75%
Once or more than once a week	10%	13%	12%				
OARS7 She/he feels lonely?				OARS8 Do you see your friends or family as often as you would like?			
	Male	Female	Total		Male	Female	Total
Often	33%	30%	31%	No	71%	70%	71%
Sometimes	43%	33%	37%	Yes	29%	30%	29%
Seldom	24%	37%	31%				
OARS9 If you ever need help because he was sick, someone would assist?				OARS10 If the answer is YES OARS9, this person would take care of you			
	Male	Female	Total		Male	Female	Total
No	14%	10%	12%	Briefly	11%	11%	11%
Yes	86%	90%	88%	Only as long as necessary	28%	22%	24%
				Indefinitely	61%	67%	64%

Table 2. Frequency distributions for each of the items concerning social network scale sociological OARS assessment according to age.

OARS1 What is your marital status?				OARS2 How many people do you know well enough to visit them at home?			
	79 or less	80 or less	Total		79 or less	80 or less	Total
Divorced or separated	11%	0%	4%	None	28%	12%	18%
Widower	33%	48%	43%	1 or 2	6%	18%	14%
Single	50%	45%	47%	3 or 4	17%	18%	18%
Married	6%	6%	6%	5 or more	50%	52%	51%
OARS3 How many times have you been on the phone with friends or family in the last week?				OARS4 Over the past week how many times someone has visited or has visited?			
	79 or less	80 or less	Total		79 or less	80 or less	Total
None	67%	79%	75%	None	56%	55%	55%
Once	11%	9%	10%	Once	17%	21%	20%
2 to 6 times	17%	6%	10%	2 to 6 times	28%	18%	22%
Once a day or more	6%	6%	6%	Once a day or more	0%	6%	4%

Continued

OARS5 In the past year, how often went on holiday, shopping or hiking?				OARS6 Do you have a person you trust?			
	79 or less	80 or less	Total		79 or less	80 or less	Total
Once a year or never	61%	76%	71%	No answer	0%	3%	2%
Less than once per month	6%	3%	4%	No	39%	15%	24%
One to three times per month	6%	18%	14%	Yes	61%	82%	75%
Once or more a week	28%	3%	12%				

OARS7 She/he feels lonely?				OARS8 Do you see your friends or family as often as you would like?			
	79 or less	80 or less	Total		79 or less	80 or less	Total
Often	22%	36%	31%	No	72%	70%	71%
Sometimes	56%	27%	37%	Yes	28%	30%	29%
Rarely	22%	36%	31%				

OARS9 If you ever need help because he was sick, someone would assist?				OARS10 If the answer is YES OARS9, this person would take care of you			
	79 or less	80 or less	Total		79 or less	80 or less	Total
No	11%	12%	12%	Briefly	25%	3%	11%
Yes	89%	88%	88%	Only as long as necessary	19%	28%	24%
				Indefinitely	56%	69%	64%

Regarding their perception on having someone they can ask for help when experiencing health issues (OARS9), almost every participant (88%) answered affirmatively, and two thirds of the sample says this would be indefinite help (OARS10). This type of perception is higher for Community-Dwelling adults than 80 years or more.

4. Discussion

Even though the majority of the participating elders say there is someone they can trust and count on who would help them in sickness; this may probably be due to the fact that they are confined to a retirement home and feel confident there will be somebody to look after them. Nevertheless, results show an important decline of elder inmates support social-networks since most of them feel lonely, lack communication with friends or relatives, and do not receive frequent visitors, or leave the center for recreational purposes. Moreover, the fact that almost half of the elders in the sample are single nulls the possibility of receiving support from children. These conditions agree with the ones reported in Latin American research [7], which shows that being an older adult living in a retirement home tends to fragment their support social networks. Such situation may create a feeling of loneliness, negatively impacting their emotions and health.

Likewise, the results obtained in the present study regarding the weakening of social area support of older adults coincide with those reported by Pelcastre-Villafuerte *et al.* [9] in that emotional support to seniors Mexicans living in poverty (situation is similar in elderly asylees) is minimal or nonexistent, as the daily companionship and integration into family life.

Therefore should contribute to a cultural change in the population, particularly in the family, that translates into better treatment and assessment of the elderly, which implies a different perception on aging, also seek better levels in the quality of life in this sector, reducing social isolation and abandonment, while spreading solidarity, I respect understanding between generations; besides appreciating the social role of the elderly [11].

5. Conclusion

Being aware of the diagnosis' limitations regarding its assessment indexes quantity and quality, results indicate the need to promote more and better social support that allows elders to enhance the development of all their potential in search of successful aging. Successful and healthy aging fosters a whole social and family integration of those getting older. Such course of action implies overcoming persistent social and cultural barriers in the way of elder potential development, allowing for an urgent implementation of a physical activation program.

This physical activation program must directly focus on the recovery of motor-independence, and indirectly increase group activities, which foster elder interaction and socialization, allowing older adults in retirement homes to improve their capacity to do every day activities.

Acknowledgements

This study is part of a project funded by the *Secretaría de Educación Pública-Subsecretaría de Educación Superior-Dirección General de Educación Superior Universitaria de México*[Mexican Ministry of Education-Department of Higher Education-General Directorate of the University Education] (OF-13-6894). Additionally, the first author is supported by a grant from the National Council of Science and Technology of Mexico (Conacyt).

References

- [1] Cervera, M.D.C. and Saiz, J. (2006) Update in Geriatrics and Gerontology I. Formacion Alcalá S. L., Spain.
- [2] Manrique-Espinoza, B., Salinas-Rodríguez, A., Moreno-Tamayo, K. and Tellez-Rojo, M.M. (2011) Prevalence of Functional Dependence and Its Association with Falls in a Sample of Poor Older Adults in Mexico. *Mexico Public Health*, **53**, 26-33.
- [3] Aguila, E., Díaz, C., Manqing Fu, M., Kapteyn, A. and Pierson, A. (2011) Living Longer in Mexico: Income Security and Health. http://www.aarpinternational.org/file%20library/resources/mexicoreport_fullreport_span_final.pdf
- [4] National Institute of Statistics, Geography and Informatics (2010) Census of Population and Housing 2010. National Institute of Statistics, Geography and Informatics, Mexico.
- [5] National Institute of Statistics, Geography and Informatics (2005) Older Adults in Mexico. Sociodemographic Profile at the Beginning of XXI Century. National Institute of Statistics, Geography and Informatics, Mexico.
- [6] Matud, P., Carballeira, M., López, M., Marrero, R. and Ibáñez, I. (2002) Social Support and Health: A Gender Analysis. *Salud Mental*, **25**, 32-37.
- [7] Peláez, M.B. and Rodriguez, L. (2004) Aging and Social Resources in Latin America. *Humanitas: Medical Humanities*, **1**, 73-83.
- [8] Durante, P. and Pedro, P. (2010) Occupational Therapy in Geriatrics: Principles and Practice. Masson, Barcelona.
- [9] Pelcastre-Villafuerte, B.E., Treviño-Siller, S., González-Vázquez, T. and Márquez-Serrano, M. (2011) Social Support and Living Conditions of Older Adults Living in Urban Poverty in Mexico. *Cadernos de Saúde Pública*, **27**, 460-470. <http://dx.doi.org/10.1590/S0102-311X2011000300007>
- [10] Grau, G., Eiroa, P. and Cayuela, A. (1996) Spanish Version of OARS Multidimensional Functional Assessment Questionnaire: Cultural Adaptation and Measurement Validity. *Atención Primaria*, **17**, 486-495.
- [11] Ramos, J. and Salinas, R.J. (2010) Aging and Social Support. *Journal of Education and Development*, **15**, 69-76.