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Assessment of the needs and feelings of depression of seniors in residential social services: selected results

Jitka Jakešová^{a*}

^a *Research Centre, Faculty of Humanities, Tomas Bata University in Zlin,
nám. T. G. Masaryka 1279, 760 01 Zlin, Czech Republic.*

Abstract

The aim of this study is to provide theoretical and methodological insights into the needs and the experience of depression in seniors in residential social services. Two questionnaires were selected. The DPSPZ questionnaire, created by the authors, was used to divide the monitored needs into five broad areas: (1) physical needs, (2) social needs, (3) psychological needs, (4) spiritual needs, (5) respect for autonomy. To determine the incidence of experiencing depression, the GDS-15 was selected. According to the results, gender and the number of family visits had a significant effect on the feelings of importance and saturation of needs among the respondents.

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1. Introduction

The rationale of the work with clients (seniors) in the social services is to create a relationship based on trust. Such an approach assumes tolerance, respect and deep human understanding. All the staff in contact with seniors should realize that the elderly cannot be treated as individuals only needing help from others with nothing to give. Despite the demands of this type of work, the transfer of negative feelings from the personal or professional life of the staff into the workplace is not permitted. Quality of service depends on a change of thinking and attitudes of all

* Corresponding author. Tel.: +420- 576-038-007
E-mail address: jjakesova@fhs.utb.cz

those caring for seniors. To avoid situations in which staff do not behave humanely, especially appropriate prevention of burnout, adequate rest and appropriate leisure activities are recommended for the staff.

Typical for old age is the tendency to develop an involuntional character. On the basis of the calendar age it is not possible to say whether everyone experiences the same changes at the same time or in the same order (mainly physical changes). The involuntional process is not generally the same for everyone, but is very interindividual. Nevertheless, it can be said that age has its unmistakable character. Venglářová (2007) illustrates the components of physical changes, psychological changes and social changes. For example, events such as retirement, loss of family members and peers, or retirement in residential social services are listed among the social changes recorded as "milestones" in an individual's social life.

Relationships with seniors change once they access a residential facility. In particular seniors' relations with family and friends can suffer due to their stay in residential social services. Matoušek, Koláčková and Kodymová (2010) reported that during a long stay of an elderly person in a residential facility the frequency of family visits and friends decreases. Reduced contact with the family is often based on the feeling that the seniors are very well taken care of and there is no need to worry about them. Unfortunately, such an approach by the families can lead to a decrease or complete loss of interest in seniors. For these reasons, the family and relatives of seniors should further cooperate with professionals in long-term care social services and keep regular contact with their elderly relations.

An ideal example of old age is the belief that every human being might spend the rest of his/her life in his/her own, natural environment, surrounded by the family in a wider social background. However, the current situation suggests that in the near future nursing homes will remain a core element of health and social care. Therefore, it is necessary for homes for seniors to create a decent place to live in and deal with all the barriers that prevent improvement of the quality of life.

Assessment of the patients' needs is one of the fundamental objectives of residential social services. The main objective of any institutionalized care is to ensure the best possible quality of provided services with respect to the client's medical, psychological, spiritual and social needs. In order to identify current difficulties and patient preferences for the care provided and possible treatment, many research instruments have been developed, particularly abroad.

In many cases, these research instruments were developed in different cultural environments and languages. For example, there are questionnaires assessing the quality of life related to health and tools for evaluating the needs of seniors, such as the Psychosocial Needs Inventory (PNI), the Self-Assessment Questionnaire (SAQ), the Problems and Needs in Palliative Care Questionnaire (PNPC), and others.

In the Czech environment the selection of tools is much smaller; examples are the adapted questionnaire of the European Organization for Research and Treatment of Cancer (EORTC) and the Quality of Life Questionnaire (QLQ-C30) developed to assess the quality of life of cancer patients, or the questionnaire Assessment of the Needs of Patients in Palliative Care (PNAP) (Bužgová & Zeleníková, 2012; Bužgová et al., 2013a; Bužgová et al., 2013b). As a matter of fact, a combination of tools was used to measure the overall quality of life, such as the Subjective Quality of Life Analysis (SQUALA). Given the importance of needs assessment (particularly the psychosocial and spiritual needs) that may be influenced by the social environment and cultural context, a source of inspiration for a creation of research instrument was primarily chosen from the domestic research environment.

Depression is common in the late years of life and can be greatly relieved if recognized early and treated appropriately. However, if left untreated, depression can lead to a decreased appetite for life and the deterioration of the mental and physical state of health. To measure the degree of depression of seniors in the Czech environment the standardized tool called The Geriatric Depression Scale (GDS-15 or GDS-30) for geriatric patients (Sheikh & Yesavage, 1986) can be utilized. The GDS-15 is designed to be used with healthy, medically ill and mild to moderately cognitively impaired older adults and seniors. It has been extensively used in the community, of acute and long-term care settings.

2. Research methodology

The aim of the research was to describe the current situation of the importance and sufficient saturation of seniors' needs in residential social services by gender, marital status and number of children, and to determine whether there was a link between a sufficient saturation of needs and the occurrence of depression in seniors. The

partial research purpose was to determine the incidence of the experience of depression in seniors, their satisfaction with the technical aspects of the residential social services and to find a better way to care for seniors in the residential social services. Due to the nature of the research the quantitative approach using exploratory methods was selected.

Parametric statistical methods for data analysis were used to test hypotheses in case the conditions of normality and homogeneity of data were met. In the latter case non-parametric statistical methods were applied. Null hypotheses were tested at a significance .05. Kolmogorov–Smirnov test, Shapiro-Wilk test and Lilliefors test were used to verify data normality and appropriate conditions for the application of selected statistical methods. The verification of the homogeneity of variances was tested through the Levene and Brown–Forsythe’s test.

To find the answers to the research questions measured on a nominal or ordinal level the chi-square test was used. The answers to the questions measured by metric data were obtained through the Analysis of Variance (ANOVA) or t-test. A post-hoc test for finding differences between the variables (Tukey's HSD test) was calculated in the case of a statistically significant difference among multiple independent metric variables. On a categorical level, Crosstabs and Spearman's rank correlation coefficient was used to verify the relevant connections. Data were analyzed using the statistical program Statistica v. 12 Base and IBM SPSS v. 21 to calculate the validity and reliability of the measurement.

2.1. Measurements

Two questionnaires were selected to answer the research questions. The Geriatric Depression Scale GDS-15 measuring the level of experienced depression in seniors and the questionnaire designed by the authors, the DPSPZ (*Dotazník potřeb seniorů v pobytových zařízeních sociálních služeb*), for detecting the level of importance and sufficient saturation of monitored needs of seniors in residential social services.

The GDS-15[†] is a self-rating instrument which identifies the symptoms of depression by asking respondents to answer yes or no to questions about how they were feeling over a past week (i.e. "Are you in good spirits most of the time?" or "Do you prefer to stay at home, rather than go out and do new things?"). Of the 15 items, 10 items indicated the presence of depression when answered positively, while the rest indicated depression when answered negatively. Scores of 0-4 are considered normal; 5-8 indicate mild depression; 9-11 indicate moderate depression; and 12-15 indicate severe depression.

For the purposes of this study the DPSPZ questionnaire was created by the authors. The questionnaire is divided into two parts. The first part consists of questions regarding socio-demographic characteristics such as gender, age, marital status, number of children and the number of family visits. The second part consists of questions addressing the current situation of the importance of senior’s needs in residential social services. The questionnaire covers a large part of the most measured needs.

Monitored needs are divided into:

- Physical needs (i.e. "Being able to handle pain").
- Social needs (i.e. "Being in the presence of a close person").
- Psychological needs (i.e. "Coping with physical changes").
- Spiritual needs (i.e. "Having a purpose in life").
- Autonomy (i.e. "Ability to make decisions").

The items are scored on a 5-point Likert scale, where 1 means ‘the least important for me’ and 5 means ‘the most important for me’. Respondents were asked to answer the items in relation to their saturation, where 1 means the least satisfied and 5 means the most satisfied. Unfulfilled needs (unsaturated) are defined as the needs that respondents consider important (position on the scale of importance 4 or 5) and at the same time unfulfilled (position on the scale of saturation 1 or 2). The average of all items provides the total score of importance and

[†] GDS-15 is a short form consisting of 15 questions developed by Sheikh and Yesavage (1986). Authors created an extended 30-item version labelled The GDS Long Form (GDS-30).

saturation of needs, where achieving a higher score means achieving higher levels of importance and saturation and vice versa.

The DPSPZ questionnaire contains added items investigating the extent to which the respondent is satisfied with the technical aspects of residency social service facilities, such as the quality of the food, daily routine and cleanliness of the rooms. An open question was added asking respondents to express what they would change (or suggest) in the daily care of the residential social services.

The first version of the DPSPZ questionnaire was tested in a pilot study. The 21 respondents commented on each item and explained how they understood the items. Completion of the questionnaire was anonymous, and the researcher’s help was offered only if the respondents couldn’t complete the questionnaire independently. Based on the pilot testing, the items were further modified.

Internal consistency was checked using Cronbach’s alpha. The reliability of the DPSPZ questionnaire was $\alpha = .83$ representing a good result (see Table 1).

Table 1. Reliability of the DPSPZ questionnaire.

Factor	Physical needs	Social needs	Psychological needs	Spiritual needs	Autonomy	Together
Number of items	3	3	3	3	3	15
Cronbach’s alpha	.69	.40	.68	.34	.49	.83

2.2. Sample

The basic sample consisted of 27 residential social services in the Zlín region. Researchers contacted professionals in the social services who informed seniors about the voluntary participation in the survey. The target group were seniors aged 65 years and over who had spent at least one year in residential social services by the end of November 2013. The sample included 213 respondents from 10 residential social services in the Zlín region.

The research sample (n = 213) was represented by 71 men (33%) and 142 women (67%) with a mean age of 80 years (range 52-100 years, SD of 7.43) (see Fig. 1). The largest number of respondents (124, 58%) consisted of widowers/widows, 48 married (23%), 27 divorced (13%), 13 single (6%), and one respondent lived in an unmarried partnership. The prevailing part of the respondents had children (84%) (see Fig. 2)

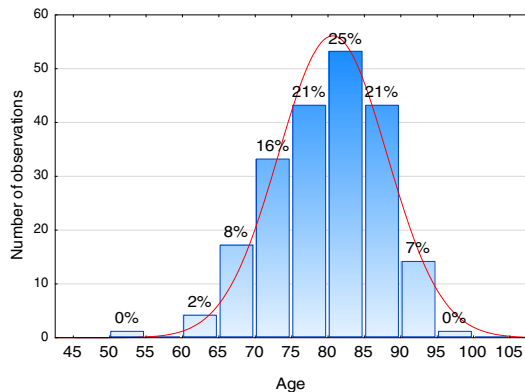


Fig. 1. Distribution of the sample by age.

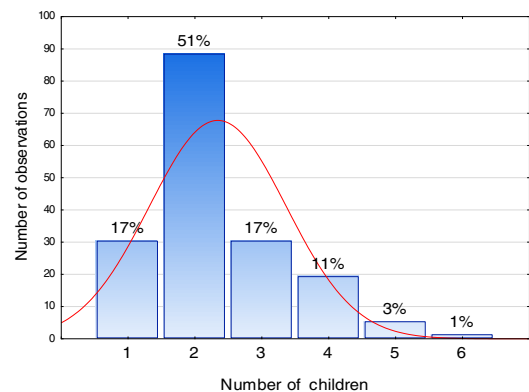


Fig. 2. Distribution of the sample by the number of children.

The largest number of respondents (27%) met their family at least once a week, 23% of respondents met their family even more than once a week. Furthermore, with the diminishing frequency of visits there was a symmetrical decrease in the number of respondents. 16% of respondents visited the family once a month and 14% less than once a month.

3. Selected results

First we shall present the descriptive data on the current situation of the importance and sufficient saturation of needs, then data on the detected experiences of depression in seniors. Respondents considered physical needs ($\bar{x} = 4.02$) and autonomy ($\bar{x} = 4.00$) to be the most important (see Fig. 3). Generally, the values of the individual groups of monitored needs were at a similar level, reaching values of $\bar{x} = 3.68$ to $\bar{x} = 4.02$ with $SD = .78$.

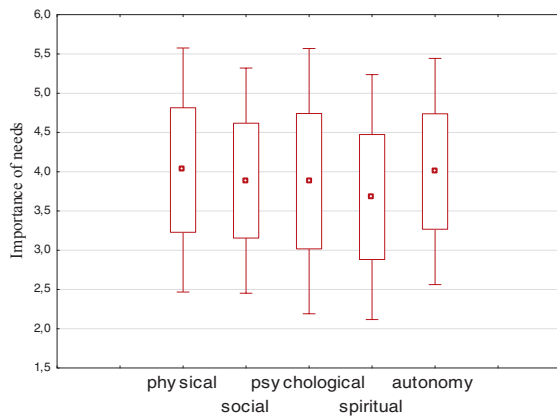


Fig. 3. The average scores of needs importance.

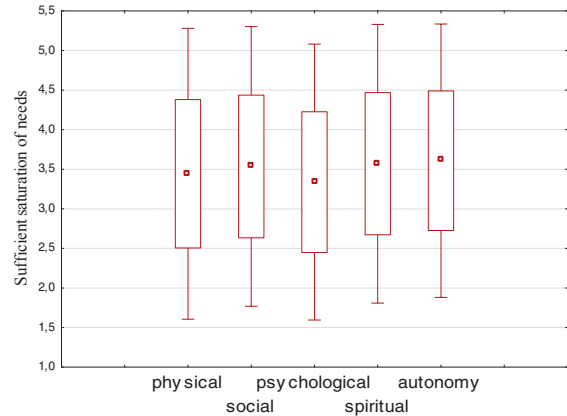


Fig. 4. The average scores of sufficient saturation of needs.

The largest correlation can be found between the importance of physical and psychological needs ($r_s = .56$), statistically significant at the 1% level. We can say that the respondents who perceive physical needs as important will also perceive psychological needs as important and vice versa.

Respondents were least satisfied with the saturation of their psychological ($\bar{x} = 3.34$) and physical needs ($\bar{x} = 3.44$) with an average standard deviation $SD = .90$ (see Fig. 4). In particular, the individual items, related to coping with physical changes and the ability of adequate sleep were perceived as the least saturated needs (see Table 2).

Table 2. Saturation of needs according to individual items.

Kinds of needs	Items	Absolute frequency		Relative frequency (%)	
		-	+	-	+
Physical	Taking care of your body	36	168	18	82
	Handling pain	48	154	24	76
	Sufficient sleep	51	152	25	75
Social	Social activities	31	171	15	85
	Support from health workers	28	168	14	86
	The presence of a close person	46	160	22	78
Psychological	Coping with illness	44	159	22	78
	Physical changes	53	148	26	74
	Dependence on other people	45	159	22	78
Spiritual	Participation in religious services	15	190	7	93
	The meaning of life	33	173	16	84
	Positive view of life	22	183	11	89
Autonomy	Ability to make decisions	39	166	19	81
	Privacy	36	170	17	83
	Continuation of the activities	40	166	19	81

Note. The values in the form of symbols (-/+) represent an absolute or relative frequency of insufficient saturation of the needs (-) and sufficient saturation of needs (+).

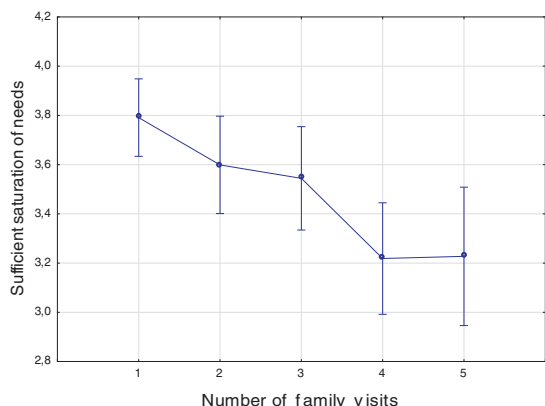
Gender and the number of family visits had a significant effect ($p < .05$) on feelings of importance and on the saturation of needs among the respondents. Women perceived physical and spiritual needs as more important than men, and spiritual needs together with autonomy as more saturated (see Table 3).

Table 3. Differences in importance and saturation of needs by gender.

Monitored needs	Importance of needs					Saturation of needs				
	Men		Women		p	Men		Women		p
	\bar{x}	SD	\bar{x}	SD		\bar{x}	SD	\bar{x}	SD	
Physical	3,86	0,78	4,11	0,79	0,03	3,28	0,92	3,52	0,94	0,08
Social	3,79	0,72	3,93	0,74	0,17	3,38	0,84	3,61	0,93	0,08
Psychological	3,74	0,85	3,96	0,86	0,08	3,19	0,83	3,41	0,92	0,32
Spiritual	3,46	0,80	3,80	0,78	0,00	3,30	0,87	3,71	0,89	0,00
Autonomy	3,96	0,71	4,03	0,75	0,51	3,41	0,84	3,71	0,89	0,02

Note: \bar{x} = represents the average on a scale of 1 to 5, where 1 is the least important / saturated and 5 being the most important / saturated; SD = standard deviation; p = t-test for independent samples.

Family visits influenced the saturation of primarily higher needs (see Fig. 5), i.e. social, psychological and spiritual needs. Statistically significant differences ($p = .00, p < .05$) were found between respondents who were visited by the family once a month and respondents who were visited by the family in the most common frequency, i.e. more than once a week. The results highlight the importance of close family in the life of seniors.



Note. The x-axis represents the number of family visits: 1 - more than once per week; 2 – weekly; 3 - once a fortnight; 4 - once a month; 5 - less than once a month

Fig. 5. The saturation of needs according to family visits.

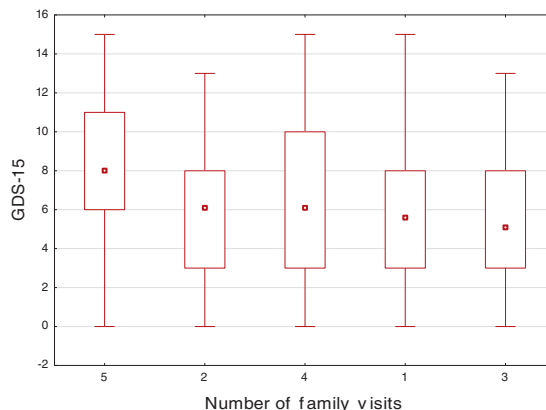


Fig. 6. Depression according to the number of family visits.

Another aim of the research was to determine the incidences depression in seniors. 14% of respondents suffered from severe depression, while mild depression affected 42% of the respondents (see Table 4). According to the results, there weren't any significant differences in the prevalence of depression by gender, age, marital status, death of a partner or childlessness. Only frequency of family visits significantly affected the feelings of depression (see Fig. 6 above). Respondents who were visited by family members in the lowest frequency, i.e. less than once a month, showed the highest degree of feelings of depression and vice versa.

Table 4. Distribution of GDS-15.

GDS-15	Absolute frequency	Cumulative frequency	Relative frequency
A score > 5 points is suggestive of depression	94	94	44
A score ≥ 10 points is almost always indicative of depression	88	182	42
score > 5 points should warrant a follow-up comprehensive assessment	31	213	14

Based on the results of Spearman's rho correlations, a low negative correlation ($r_s = -.38$) between sufficient saturation of needs and feelings of depression was found, statistically significant at the 1% level. We can say that respondents who reach the lower level of sufficient saturation of needs will achieve a higher value of in the area of depression and vice versa. According to the average frequency, they are more likely to be childless men after divorce. In this case, variables accounted for 14% of shared variance. In other words, the level of sufficient saturation of needs helps explain 14% of the variance of experienced depression.

Respondents answered questions investigating how satisfied they were with the technical aspects of the residential social services, in particular with the quality of food, cleanliness and daily routine. The descriptive statistics showed that the respondents achieved high scores in overall satisfaction ($\bar{x} = 4.23$, $SD = .69$). Among the observed technical aspects, respondents were most satisfied with the cleanliness, followed by satisfaction with daily routine and were the least satisfied with the quality of food.

66% of respondents agreed that they were often bored in residential social services a fact which is related to the findings that 64% of respondents had abandoned their original activities and interests, and 70% felt that their life was empty. In order to feel more contented in the residential social services, the respondents suggested including more activities into their daily routine, such as social and cultural events, and sports activities, for example cooking, billiards and longer walks, greater privacy and the possibility of keeping a pet in the room as solutions.

4. Summary and discussion

One of the challenges of old age is finding the right balance in life. Many seniors may suffer from feelings of sadness, loneliness and alienation from the world (Haškovcová, 2010). These feelings can appear much earlier, and one of the critical moments in life usually occurs in middle-aged parents when adult children become independent. In the senior age the loss of a spouse or life partner may increase the feeling of emptiness. This loss often activates the need to provide specialized care for isolated seniors who can't manage the situation alone.

The aim of the research was to describe the current situation of the importance and sufficient saturation of seniors' needs in residential social services by gender, marital status, number of children and to determine whether there is a link between a sufficient saturation of needs and the occurrence of depression in seniors. The partial research objective was to determine the incidences depression in seniors, their satisfaction with the technical aspects of the residential social services and to find a better way to care for seniors in the residential social services. The DPSPZ questionnaire designed by the authors and the standardized GDS-15 short form were used.

The sample consisted of 213 respondents in the age group of 65 and over, who had spent at least one year of residence in the institution of the residential social services by the end of November 2013. Monitored needs were divided into five broad areas: (1) physical needs, (2) social needs (3) psychological needs, (4) spiritual needs, and (5) respect for autonomy, with a good internal consistency ($\alpha = .83$).

Coping with physical changes and the ability to have adequate sleep are perceived by the seniors as the most distressing needs. The data proved that the respondents' gender and the frequency of family visits are strong predictors of sufficient saturation of monitored needs and also predictors of their importance. Women consider physical and spiritual needs more important than men do, and spiritual needs and the needs of autonomy as more saturated. Seniors who were visited by family members in the lowest frequency, i.e. less than once a month, showed the highest incidences and degree of depression.

14% of the respondents suffered from severe depression, while mild depression affected 42% of the respondents. We can say that the respondents who reach a lower sufficient saturation of their needs will achieve higher rates of depression and vice versa. According to the average frequency, childless men after divorce are more likely to be the most depressed. The findings correspond to the results of a survey research (Holmerová et al., 2006) where 122 seniors living in nursing homes suffered from severe depression. According to the authors, depression was not associated with gender or age and was significantly higher in childless seniors without a partner.

Depression is a serious disease affecting of the quality of life and the health status of an individual, and it is also connected to public health, especially in the context of the aging population. A large percentage of respondents agreed that they were often bored. Many of them were forced to leave their original activities and interests and felt that their life was empty. Early prevention by including more activities into their daily routine (social and cultural

events, sports activities, such as cooking, billiards and frequent walking) may serve to improve the quality of life, and as a consequence to meet their needs.

The presented results can provide clinically useful information for a multidisciplinary team of professionals involved in care planning and determine a goal-oriented plan of assistance that can be monitored and evaluated. A better understanding of the specific needs associated with gender, age, marital status, death of a partner, childlessness or family visits can help improve the life of seniors.

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