

Effect of Social Environment of Elderly Care Homes on their Psychosocial Health in Helwan City, Egypt

Eman Shokry Abd Allah (1), Sabah Abdou Aly Hagrass (2), and Hassanat Ramadan Abdel-Aziz (3)

¹Community Health Nursing and Gerontological Nursing, Faculty of Nursing Zagazig University, Egypt. ²Community health nursing, faculty of nursing Zagazig University, Egypt. ³Gerontological nursing, faculty of nursing Zagazig University, Egypt.

Abstract:

Background: Old age is a period of transition when one has to deal not only with the physical aging, but also with the challenges affecting the mental and social well-being of the elderly. **Aim:** to assess the effect of social environment of elderly care homes on their psychosocial health in Helwan City. **Research design:** A descriptive correlational design. **Setting:** The study was carried out in four governmental elderly care homes in Helwan City. **Subjects:** One hundred elderly residents. **Tool:** A structured interview questionnaire consisted of five parts (Demographic characteristics of the elderly and data about the geriatric homes, history of chronic diseases and medication, elderly's satisfaction with geriatric home, elderly social relations in geriatric home, and assessment of psychosocial health of the elderly). **Results:** Half of the elderly were having fair relationship with their colleagues and family members and two thirds of them were having good relationship with their caregivers. About three quarters of the elderly had accepted psychological and social health. Highly statistically significant positive correlations were found between the scores of elderly psychological health, social health and their social relations scores. **Conclusion:** The present study revealed that there were highly statically significant positive correlations between the social environment of elderly care homes and their psychosocial health. **Recommendations:** Continuous assessment of social relations and psychosocial health of elderly residing in care homes. Developing and conducting programs to enhance social relations of elderly residents with specific focus on their psychosocial health.

Key words: Social environment, Elderly care homes, Psychosocial health, Helwan City, Egypt

Introduction

According to United Nations, Department of Economic and Social Affairs, the world's population is ageing. Elderly persons are growing in number and make up a rising share of the population in nearly every country, with consequences for nearly all sectors of society. Aging is a critical period of the

life of human and attention to the problems and needs of this stage is a social requirement. The global population aged 60 years and over numbered 962 million in 2017, more than twice as large as in 1980 when there were 382 million elderly persons all over the world. The number of elderly persons is estimated to double again by 2050, when it is expected to reach nearly 2.1 billion (United Nations, 2017).

According to Central Agency for Public Mobilization and Statistics in Egypt, the number of elderly people is rapidly increasing worldwide. In Egypt, the number of older persons reached 6.3 million (3.37 million males, 2.94 million females) in 2017, representing 6.7% of total population (**Central Agency for Public Mobilization and Statistics, 2018**).

World Health Organization reported that beyond biological changes, aging is also accompanying with other life transitions such as retirement, transfer to more appropriate housing, and the loss of friends and partners. In developing a public-health response to ageing, it is important not just to consider approaches that ameliorate the losses associated with older age, but also those that may reinforce recovery, adaptation and psychosocial growth (**World Health Organization, 2018**).

Population aging has cultural, economic, and political implications for families, the field of social work, and the global society. Social workers, other practitioners, and the society are becoming increasingly aware that old age is a period for continued growth and that elderly people can make a significant contribution to their families, societies, and communities. At same time, elderly people face significant biopsychosocial challenges: changes in physical and cognitive skills; obstacles to accessing thorough, high-quality physical and mental health care; reduced income; lack of affordable housing; excessive vulnerability to misuse; and reduction of meaningful social roles and chances to continue engaged in society (**Oluwagbemiga, 2016**).

There are strong social arguments against institutionalizing of elderly people. The desire to maintain independence and

to continue living in the community is powerfully ingrained in many cultures and should always be valued (**Carlson, et al. 2012**). The elderly people are in need of institutional care settings that are cautiously assessed by social workers. The facilities and resources for independent living should be provided to the elderly people. Except in cases such as serious physical and mental health conditions, elderly care homes are not recommended. The social worker who deals with the elderly should be knowledgeable in the current laws of the land guiding the practice with the elderly people. The aged must be independent in choosing the types of activities they are pursuing. They must make decisions for their lives. It is the duty of social workers to guarantee that these services are offered to the elderly people (**Oluwagbemiga, 2016**).

Elderly people have recognized social relations and social contacts with friends and family as essential influences on their quality of life. Also, in the aging process peer relationships are vital. Evidence has shown that social relationships between older people play important roles in supporting and assisting residents within residential care settings (**Mura and Carta, 2013**).

Live in a healthy environment is a key to a successful later life. Good elderly housing and age-friendly environments help elderly people stay warm, safe, healthy, close to those who make up their social network, and allow them to do the things they care about (**Powell et al., 2017**). Adjusting the elderly home setting to help the elderly ageing in place could promote independence, wellbeing, and quality of life of an elderly individual, lower the strain on caregivers and maintain family relations, move care from hospital to community, and generate

reductions in spending on health care (Zhou et al., 2019).

The significance of social relationships, interactions and activities for elderly people includes minimizing the risk of many medical problems; decreasing the risk of dementia and Alzheimer's disease; and reducing the risk of psychological problems, such as depression, stress, and personality problems. Loneliness and social isolation, frustration and loss of self-esteem are common triggers for psychological problems and suicide among the elderly. It is therefore important to ensure that the elderly people have the relationships they need to live a rich and satisfying life (Jones, 2018).

According to The National Academy for Psychosocial Health on Aging's, psychological and social problems could have a significant influence on the lives of elderly people, frequently affecting the development and progression of acute and chronic health conditions. It is consequently critical that psychosocial problems be detected and focused through routine care of the elderly. Assisting older people in achieving psychosocial health is crucial to maintain their overall physical and mental condition, functioning, quality of life and wellbeing (The National Academy for Psychosocial Health on Aging's, 2015).

The nurse plays an important role in promoting psychosocial health of the elderly people. The role of nurses of elderly usually initiates a psychosocial assessment when she identifies a potential problem. Like any successful evaluation, the geriatric assessment must be adequately flexible in scope and adaptable in content to serve a broad range of elderly people. A full geriatric assessment, undertaken by multiple professionals during many sessions, is

best suited for older people with various medical problems and serious functional limitations (Bosman, 2012). Evaluating the living, medical and mental conditions of the elderly allow suggestions for intervention both in geriatric services and in general social policy, with the goal of improving the psychosocial health and well-being of the elderly (Nyqvist et al., 2013).

Significance of the study:

Elderly people are increasing in number worldwide. Preparing for the economic and social changes associated with an aging population is thus critical. Old age is a stage of transition when one has to deal not only with the physical aging, but also with the challenges influencing the mental and social well-being of elderly especially those in elderly care homes. Elderly care homes should be planned and managed so that suitable physical, social and environmental attributes relating to the special needs of elderly people are delivered. Psychosocial assessment of the elderly in geriatric homes helps the implementation of interventions and programs to promote their psychosocial health. So, the aim of the current study was to assess the effect of social environment of elderly care homes on their psychosocial health.

Aim of the study:

The aim of the existing study was to assess the effect of social environment of elderly care homes on their psychosocial health in Helwan City, Egypt.

Research Questions:

- What are the relations between elderly residing in care homes and their

colleagues, caregivers, and family members?

- What is psychosocial health of the elderly residing in care homes?

- Does social environment affect psychosocial health of the elderly residing in care homes?

Subjects and methods:

Research design:

A descriptive correlational design was used to conduct this study.

Study Setting:

The study was carried out in four Governmental geriatric homes in Helwan City. The first setting was Huda Talaat Harb Center for Elderly Care which consisted of 2 floors. The first floor consisted of outpatient clinics, administrative office, pharmacy and kitchen. The second floor contained a ward for males, a ward for females, physiotherapy room and nurses' office. The second setting was Care and Rehabilitation Center of the Elderly at Helwan University which consisted of one floor contained six sharing room, nurses' office, doctors' office, administrative office, big hall and kitchen.

The third setting was El-Saida Nafisa Charity Association for the Care of the Elderly and Orphans which consisted of 7 floors. The sixth floor was for elderly and contained 10 sharing rooms, administrative office, big hall and kitchen. The fourth setting was Dar Um Kalthoum for Elderly and Orphans care which consisted of 4 departments; two departments for elderly care which consisted of administrative office, a ward for males, a ward for females, nurses' office, workers office and kitchen.

Subjects:

A purposive sample comprised 100 elderly residents. All eligible elderly from the study settings who accepted to participate in the study are included in this study sample. Inclusion criteria were: (a) age 60 years and older; (b) free from communication problems (speech and hearing problems); and (c) independent and not bed ridden.

Tools for data collection:

A structured interview questionnaire: It was developed by the researchers to collect the necessary data; it was developed based on related literature and on a previous research study by **Abd El Razek (2010)**. It consisted of five parts:

Part 1: (A) Demographic characteristics of the Elderly people: Data about demographic characteristics of the studied elderly such as age, sex, educational level, residence, age of retirement, income, and marital status.

Part 1: (B) Data about the geriatric homes of the studied elderly: Data such as name of geriatric home, with whom the elderly lived before, reason of admission and length of stay in geriatric home.

Part 2: History of chronic diseases, medication used and follow-up with doctor: It involved questions about number and type of chronic diseases, medication used to take daily, follow-up with doctor.

Part 3: Elderly's Satisfaction with geriatric home: Elderly's Satisfaction with the geriatric home was assessed by using multiple choices questions. Asking the studied elderly about level of satisfaction about his

residency in the home and to what extent the home meets his physical, psychological, and social needs. Elderly's Satisfaction with the geriatric home score was expressed in percentage and leveled into; (Very Satisfied: score equal to or more than 75%, Satisfied: score from 60% to 75%, and Dissatisfied: score less than 60%).

Part 4: The studied elderly social relations in the geriatric home: It consisted of three parts.

(A) Elderly-colleagues relationship: The attitude and behavior of the elderly towards his/her colleagues was assessed by using multiple choices questions. Elderly-colleagues relationship was assessed by asking about number of elderly friends within the home and number of colleagues asking about him in bad occasions. A score from 1 to 3 was given for each item. Elderly-colleagues relationship score was expressed in percentage and leveled into; (Good relationship: score equal to or more than 75%, Fair relationship: score from 60% to 75%, and Bad relationship: score less than 60%).

(B) Elderly-caregivers relationship: The relationship between the elderly and the caregivers in the elderly home was assessed by using multiple choices questions. Asking the studied elderly about his relationship with caregivers, the elderly's readiness to receive help from the caregivers if having problem, etc. A score from 1 to 3 was given for each item. Elderly-caregiver relationship score was expressed in percentage and leveled into; (Good relationship: score equal to or more than 75%, Fair relationship: score from 60% to 75%, and Bad relationship: score less than 60%).

(C) Elderly-family members relationship: The relationship between the elderly and his family members as children, spouse, and other relatives was assessed by using multiple choices questions. Asking the studied elderly about his relationship with his family members, frequencies of visits by children, family and friends and actions made by the elderly if his children don't visit him...etc. A score from 1 to 3 was given for each item. The elderly-family members relationship total score was expressed in percentage and leveled into; (Good relationship: score equal to or more than 75%, Fair relationship: score from 60% to 75%, and Bad relationship: score less than 60%).

Part 5: Assessment of psychosocial Health of the studied elderly: It consisted of four parts.

(A) Elderly's psychological Health: This included the elderly's perception about his psychological health status. Asking the studied elderly questions related to their psychological health status and psychological well-being. A score from 1 to 3 was given for each item. The score was expressed in percentage and leveled into; (Good psychological health: score equal to or more than 75%, accepted psychological health: score from 60 % to 75 %, and Bad psychological health: score less than 60%).

(B) Elderly's Social Health: This included the elderly's perception about his social health status. Asking the studied elderly questions related to their social health. Asking the studied elderly about participation in social activities by the geriatric home such as parties, trips, and other different ceremonies. A score from 1 to 3 was given for each item. The score was expressed in percentage and leveled into; (Good social health: score equal to

or more than 75%, accepted social health: score from 60 % to 75 %, and Bad social health: score less than 60%).

(C) Elderly's feeling of hopelessness: feeling of hopelessness was assessed as an indicator for any psychological disturbance and despair. Hopelessness was assessed by using multiple choices questions. Asking elderly about feeling of sadness, hopelessness, guilt, current and past position...etc. A score from 1 to 3 was given for each item. The score was expressed in percentage and leveled into; (No hopelessness: score equal to or more than 75 %, Sometimes hopelessness: score from 60 % to 75 %, and Always hopelessness: score less than 60 %).

(D) Elderly's Sense of wellbeing: Elderly's sense of wellbeing was assessed by using multiple choices questions. Asking the elderly about his feelings during last month (depressed, tense, nervous, upset, calm, and happy). A score from 1 to 3 was given for each item. The score was expressed in percentage and leveled into; Always sense of wellbeing: score equal to or more than 75%, Sometimes sense of wellbeing: score from 60% to 75%, and No sense of wellbeing: score less than 60%).

Preparatory phase:

Based on review of the current local and international literature about effect of social environment of elderly care homes on their psychosocial health using books, web sites, articles, and magazine, the researchers prepared the data collection tool.

Content validity and reliability:

The tool was tested for content validity by four experts from the Faculty of Nursing (Community and Psychiatric

Nursing) and Faculty of Medicine (Community Medicine). These experts evaluated the tool for clarity, relevance, applicability, and comprehension. Reliability of tool was assessed through estimating Test-retest reliability that was done by researchers through administrating the same tool to the same subjects under similar conditions on two or more occasions.

Pilot study:

A pilot study was carried out on 10 elderly comprising about 10 percent of the total study sample. The purpose of pilot was to test the questions for any ambiguity, and to assess the feasibility and practicality of using the structured interview questionnaire sheet for the studied elderly. It also helped the researcher to determine the needed time for filling out the sheet. Those who participated in the pilot study were included in the main study sample.

Ethical considerations:

An informed consent for participation in the current study was taken verbally from elderly persons after full description of the aim of the study. They were notified that their participation in this study was voluntarily. The elderly persons were given the chance to refuse participation, and they were notified that they could withdraw at any stage of the study. The elderly participants were guaranteed that any information collected would be confidential and used for the research reason only.

Field work:

Once permissions were granted to proceed with the study, the researchers visited the study settings and met with the elderly subjects. The aim of the study was clarified to each elderly, and then the

elderly was invited to participate in the study. The researchers started the interview with each elderly individually using the data collection tool. The average time needed to complete the interview questionnaire was 25-35 minutes. Data were collected through five months, starting from April 2020 to August 2020. Work was done two days per week from 10 AM to 3 PM.

Administrative design:

Permission to conduct the study was obtained by submission of official letters issued from the Dean of the Faculty of Nursing at Zagazig University to the directors of the four elderly care homes. The researchers visited these four settings, met with the directors, explained to them the study aim and the importance of the study and its procedures, and asked for their support.

Statistical design:

Data entry and statistical analysis were done using SPSS 18.0 statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, means and standard deviations for quantitative variables. Spearman rank correlation was used for measurement the strength and direction of the association between ranked variables. Statistical significance was considered at $p\text{-value} < 0.05$.

Results

Table 1 showed that the elderly age ranged between 60 to 84 years, the mean of age was 72.1 ± 5.92 years. As regard to sex and marital status, 51% and 76% of the studied elderly were females and widowed, respectively. 43% of them were illiterate or read and write and 24% of them had secondary education. 77% of

the studied elderly had sufficient income and 43% of them were housewives.

Table 2 illustrated that 65% of the studied elderly were residing in governmental geriatric homes, 50% of them their length of stay from 2 to 4 years, and 57% were satisfied about staying in geriatric homes. **Table 2** also indicated that 45% of the elderly came to stay in geriatric home because of family problems and 42% of them came to stay in geriatric home according to their friend's advices.

Table 3 demonstrated that 94% of the studied elderly were having chronic diseases and 93% of them were receiving medications regularly for these chronic diseases. The most common diseases as mentioned by the studied elderly were arthritis (56%), Diabetes mellitus (35%), and hypertension (34%).

Table 4 expounded that 51% of the studied elderly were having fair relationship with their colleagues and 67% of them were having good relationship with their caregivers at geriatric homes. Also, 50% of the studied elderly were having fair relationship with their family members.

Regarding elderly physical, psychological, and social needs satisfaction in the geriatric home, **Table 5** showed that 72% of the studied elderly mentioned that their physical and social needs were satisfied. Also, 68% of them mentioned that psychological needs were satisfied.

Table 6 demonstrated that 76% of the studied elderly had accepted psychological health and 74% of them had accepted social health. Regarding feeling of hopelessness and sense of wellbeing, **Table 6** also showed that 59% of the studied elderly had no feel of

hopelessness, and 61% of them sometimes had sense of wellbeing.

Table 7 displayed the correlation between the scores of elderly social relations and their psychosocial health. It indicated the presence of highly statistically significant positive correlations between the score of elderly psychological health and their social relations scores (Elderly-colleagues

relationship, Elderly-caregivers relationship, and Elderly-family member relationship) at $P < .01$. **Table 7** also implied the presence of highly statistically significant positive correlations between the score of elderly social health and their social relations scores (Elderly-colleagues relationship, Elderly-caregivers relationship, and Elderly-family member relationship) at $P < .01$.

Table 1: Demographic characteristics of the studied elderly (N=100)

	Items	Freq	Percent
Age:	Range	60 – 86	
	Mean ± Sd	72.1±5.92	
Gender	Male	49	49
	Female	51	51
Marital	single	4	4
	married	9	9
	Divorced	11	11
	Widow	76	76
Residence	Rural	30	30
	Urban	70	70
Education	Illiterate, Read & write	43	43
	Basic education	22	22
	Secondary Education	24	24
	University	11	11
Previous Occupation	Employer	39	39
	Housewife	43	43
	Skilled	10	10
	Free work & Farmer	8	8
Income	Enough	77	77
	Not enough	23	23
Income source	Pension	68	68
	Donation	4	4
	Sibling	8	8
	Relative	20	20

Table 2: Residence data about elderly care homes (N=100)

Item		Freq	Percent
Geriatric Home type	Governmental	65	65
	Private (Organization)	31	31
	Private (Persons)	4	4
Duration of stay	< 2 years	40	40
	2 – 4 years	50	50
	≥ 5 years	10	10
Geriatric Home staying satisfaction	Very Satisfied	18	18
	Satisfied	57	57
	Dissatisfied	25	25
Why come to Geriatric home	health causes	25	25
	Boring and loneliness	30	30
	family problems	45	45
Came here	my desire	35	35
	Sons' desire	23	23
	Friends' advices	42	42
Staying here	It suits me very much	24	24
	Suite me	49	49
	Do not suit me but I have to	22	22
	Do not suit me & want to go home	5	5

Table 3: Frequency and percentage distribution of the studied elderly according to medical history (N=100)

Items	Freq	Percent
Chronic diseases:	94	94
Range	0-5	
Mean ± SD	2.34±1.32	
Types of diseases:	34	34
Hypertension	35	35
Diabetes	56	56
Arthritis	25	25
Cardiac diseases	33	33
Osteoporosis	29	29
GIT diseases	25	25
Chest diseases	20	20
Renal diseases	18	18
Liver diseases	19	19
Anemia		

On medications:	93	93
Range	0-6	
Mean \pm SD	3.04 \pm 1.56	
Follow up with doctor:	84	84

Table 4: Frequency and percentage distribution of the studied elderly according to social relations in the geriatric home (N=100)

Elderly social relations	Freq	Percent
Elderly- colleagues relationship		
Bad	0	0
Fair	51	51
Good	49	49
Elderly-caregivers relationship		
Bad	0	0
Fair	33	33
Good	67	67
Elderly-family members relationship		
Bad	10	10
Fair	50	50
Good	40	40

Table 5: Frequency and percentage distribution of the studied elderly according to physical, psychological, and social needs satisfaction in geriatric home (N=100)

Elderly's Satisfaction with geriatric home:	Freq	Percent
Physical needs		
Very Satisfied	17	17
Satisfied	72	72
Dissatisfied	11	11
Psychological needs		
Very Satisfied	12	12
Satisfied	68	68
Dissatisfied	20	20
Social needs		
Very Satisfied	13	13
Satisfied	72	72
Dissatisfied	15	15

Table 6: Frequency and percentage distribution of the studied elderly according to psychological health, social health, feeling of hopelessness, and sense of wellbeing (N=100)

Items	Freq	Percent
Psychological health		
Bad	12	12
Accepted	76	76
Good	12	12
Social health		
Bad	9	9
Accepted	74	74
Good	17	17
Feeling of hopelessness		
No feel of hopelessness	59	59
Sometimes feel hopelessness	38	38
Always feel hopelessness	3	3
Sense of wellbeing		
Always Sense of wellbeing	26	26
Sometimes sense of wellbeing	61	61
No Sense of wellbeing	13	13

Table 7: Correlations between the studied elderly social relations and their psychosocial health.

Items	Elderly-colleagues relationship score	Elderly-caregivers relationship score	Elderly-family member relationship score
Psychological health score	r = 0.415 P = .000**	r = 0.313 P = .000**	r = 0.404 P = .000**
social health score	r = 0.364 P = .002**	r = 0.414 P = .000**	r = 0.398 P = .000**

(r) Correlation coefficient

*Significant at $p < 0.05$.

**Highly Significant at $p < 0.01$.

Discussion

The elderly people are generally fragile and vulnerable since roles and responsibilities change, certain negative cases related to the illness, and losses are experienced; Thus, it is quite important to aid and support them in this phase; so that they do not lose control in their life, if so, they can regain it and they can spend their remaining years in a more satisfying and productive way (Esmailzadeh, 2020).

As related to the demographic characteristics of the studied elderly; the current study showed that the elderly age ranged between 60 to 86 years, the mean of age was 72.1 ± 5.92 years. This result was not agreed with Jamieson et al. (2019) in their research in Australia as they reported that the mean age of their participants was 81.9 years (standard deviation 7.4). Also, disagreed with Manandhar et al. (2019) in their study in Nepal, as they revealed that the mean age was $70.9 (\pm 8.6)$ years.

As regard to sex and marital status, the current results revealed that slightly more than half of the subjects were females and the most of them were widowed. The females were more than males at this study, this might be due to increased females' longevity more than males their sensitivity and frequent mood swings due to hormonal changes in females that age. These results were consistent with **Aly et al. (2018)** in a research done in Egypt, **Lai et al. (2018)** and with **Kong et al. (2017)** in their Chinese research about nursing home residents; they all reported in their studies that the number of females was more than males. On other hand, these study results were in contrary with **Manandhar et al. (2019)** in their study in Nepal, as they reported that more than half of their elderly were living with their spouses.

As related to the income of the elderly in the current study, most of the studied elderly had sufficient income. This might be due to the cultural of the Egyptian people, as they have the concept of thanks Allah for any income and considered it is sufficient and enough due to their religious concepts. This finding agreed with **Nevesa et al. (2019)** in their results at Australian care homes. But it was in contrary with **Barakat et al. (2019)** in Egypt, as they revealed that about two thirds of the studied subjects their monthly income was not enough; which they explained this due to most of their sample were retired.

As related to the elderly level of education, the present study clarified that less than half of them were illiterate or read and write. That might be related to their old age, as in past decades it was usually difficult to had high level of education in Egypt. These results disagreed with **Lai et al. (2018)** in their Chinese research about nursing home

residents, as they mentioned that half of their participants were limited schooling.

According to the medical history of the studied elderly; the present results demonstrated that the majority of the studied elderly were having chronic diseases and receiving medications regularly for these chronic diseases; also, the most common diseases as mentioned by the studied elderly were arthritis, Diabetes mellitus, and hypertension. This could be related to their old age and the physiological and medical changes related to the aging process. This explanation was supported by the view of **Walke (2021)** as revealing that elders usually exhibit multiple health problems with complex interactions.

In the same line with the current study results, **Esmailzadeh (2020)** revealed in a paper done in Turkey that the majority of their elderly participants had chronic illness, like diabetes and hypertension; also, the majority of them were regularly on medication. On other hand, these findings were in contrary with **Lotvonen et al. (2017)** as they mentioned in their research done in northern Finland that the most common medical conditions among their participants were coronary heart disease and musculoskeletal disease.

The transformation of social structures in recent decades and the transformation of the traditional family system into the nuclear family have led to an increase in the number of elderly care homes and the culture of delivery of elderly people to these homes (**Seddigh et al., 2020**). Moving to the elderly care homes is a significant disruption of a person's social world considerably altering relationships with family and friends (**Li et al., 2020**).

Regarding to the residence data about elderly care homes; the current

study illustrated that about half of the studied elderly their length of stay was from 2 to 4 years at the elderly home, and most of them were satisfied about staying in geriatric homes. This could be explained according to the present study results as mentioned before that most of the elderly feeling satisfied with their caregivers at the elderly home, their needs were satisfied, and there were family problems with most of them so, there were no other place for them to go. These findings were goes in the same line with **Juniarni & Wulandari (2020)** in their research in Indonesia, as they pointed that most of their participants didn't want to stay more in the elderly homes and felt depression on them.

Regarding the causes of staying in the elderly homes, the current study indicated that slightly less than half of the elderly came to stay in geriatric home because of family problems. This finding disagreed with **Bhandari et al. (2020)** in their results done in Nepal as they reported that the majority of respondents came to Old Age Home because they were widow/widower and many of them had no children and did not have home. Additionally, this finding disagreed with the results of **Odetola et al. (2020)** in their study at a Geriatric Home in Ibadan, Nigeria, as they reported that either chronic illness or loneliness was the major reason for them residing in the geriatric home.

According to the relationship of elderly with the caregivers at the geriatric homes; the current results expounded that most of them were having good relationship with their caregivers at geriatric homes. That might be due to the good policies in those geriatric homes, and also related to the ethics of the nursing as a professional work regarding any human, it also might be due to both religious and cultural concepts of the

Egyptians as they usually help, respect, and be kind with the old people. This finding disagreed with **Bhandari et al. (2020)** in their results done in Nepal as they reported that only thirds of their subjects liked the respect & care provided by their professional caregivers.

In addition to, the current study expounded that nearly half of the studied elderly were having fair relationship with their colleagues and with their family. This finding disagreed with the results of Chinese research done by **Wang et al. (2018)** as they reported that around 70% of older participants was inactive in their social network.

Considering to the studied elderly physical, psychological, and social needs satisfaction in the geriatric home; the present study showed that nearly most of the studied elderly mentioned that their physical, social and psychological needs were satisfied. That might be due to the good policies of these geriatric homes. These findings were in accordance with the results of **Odetola et al. (2020)** in their study at a Geriatric Home in Ibadan, Nigeria, as they revealed that majority of their elderly needs were generally satisfied at that geriatric home.

According to the Psychological health, social health, feeling of hopelessness, and sense of wellbeing of the studied elderly; the current results demonstrated that that nearly two thirds of the studied elderly had no feel of hopelessness, and sometimes had sense of wellbeing. That might be related to the good relationship of the elderly with their caregivers at the elderly homes, in addition to their satisfied needs as mentioned before in these current results. These results were not supported by **Niu et al. (2020)** as they reported in their Chinese research that most of their participants showed higher levels of

hopelessness. Also, these results not as the results of **Chiang et al. (2020)** at their Chinese results as their subjects showed hopelessness and not well-being before they done their Mind-Training program. Additionally, **Na, & Streim (2017)** reported unadjusted well-being among their studied elderly in their research in Philadelphia.

Additionally, the current study demonstrated that about three quarters of the studied elderly had accepted psychological and social health. That could be explained according to the present results that revealed good or fair relationships of those elderly with all around them such as their caregivers, family members and colleagues as mentioned before. This finding disagreed with **Zivoder et al. (2019)** in their research done in the city of Zagreb as they reported that nearly less than half of their participants were satisfied with their health.

As related to the correlation between the scores of elderly social relations and their psychosocial health; the present study displayed the presence of statistically significant positive correlations between the score of elderly psychological health and their social relations scores (Elderly-colleagues relationship, Elderly-caregivers relationship, and Elderly-family member relationship); that means when the score of elderly psychological health increased, the social relations scores of them also increased. This finding was in agreement with **Kim et al. (2021)** in their research about life satisfaction and subsequent physical, behavioral, and psychosocial health in older adults, in the University of Michigan Health and Retirement Study.

Also, the current study implied the presence of statistically significant positive correlations between the score of

elderly social health and their social relations scores (Elderly-colleagues relationship, Elderly-caregivers relationship, and Elderly-family member relationship); that means when the score of elderly social health increased, the social relations scores of them also increased. This finding disagreed with **Bai et al. (2020)** in their research in China.

Conclusion

According to the results of the present study the overall social relations between most of the studied elderly and their colleagues, caregivers, and family members were good or fair. About three quarters of the studied elderly had accepted psychological and social health. The study results also indicate the presence of highly statistically significant positive correlations between the score of elderly psychological health, social health, and their social relations scores (Elderly-colleagues relationship, Elderly-caregivers relationship, and Elderly-family member relationship).

Recommendations

The current study recommends continuous assessment of social relations and psychosocial health of elderly residing in care homes. Developing and conducting programs to enhance social relations of elderly residents with specific focus on their psychosocial health. Improving the physical and social aspects of the elderly care homes according to the international standard of geriatric care. Further research is needed to determine to what extent interventions to improve physical and social aspects of the elderly care homes can develop beneficial effects on the psychological and social health of the elderly residents.

Conflict of interest:

There is no conflict of interest and no fund from any institution.

References

Abd El Razek, E.M.E. (2010). Impact of social environment of geriatric institution on the psycho-social health of the elderly in Dakahelia Gogernorate. Master thesis, faculty of nursing, Zagazig university.56-65

Aly, H., Hamed, A., and Mohammed, N. (2018): Depression among the elderly population in Sohag governorate. Saudi Med J. 39(2): 185–190. doi: 10.15537/smj.2018.2.21353.

Bai, Y., Bian, f., Zhang, L., and Cao, Y. (2020): The Impact of Social Support on the Health of the Rural Elderly in China. Int. J. Environ. Res. Public Health. 17(6):1-12. <https://doi.org/10.3390/ijerph17062004>.

Barakat, M., Elattar, N., and Zaki, H. (2019): Depression, Anxiety and Loneliness among Elderly Living in Geriatric Homes. American Journal of Nursing Research. 7(4): 400-411.

Bhandari, M., Niroula, A., and Chaudhary, S. (2020): Assessment of Health Problems and Social Needs of Elderly in old age Homes of Biratnagar Metropolitan. Dristikon: A Multidisciplinary Journal. 10(1):169-184.

Bosman, C. (2012): Gerotopia: Risky housing for an ageing population. Hous. Theory. Soc. (29)2: 157-171.

Carlson, J.A., Sallis, J.F., Conway, T.L. et al. (2012): Interactions between

psychosocial and built environment factors in explaining older adults' physical activity. Prev Med (Baltim). 54(1): 68-73.

Central Agency for Public Mobilization and Statistics: Arab Republic of Egypt. (2018): Statistical yearbook. Population: Population Distribution by Selected Age Groups, Sex and Governorate According To Final Results of 2017 Population Census. Retrieved from <https://www.capmas.gov.eg/Admin/Pages%20Files/201899125451population.pdf>

Chiang, Y., Lee, C., and Hsueh, S. (2020): Happiness or hopelessness in late life: A cluster RCT of the 3L-Mind-Training programme among the institutionalized older people. J Adv Nurs. 76(1):312–323.

Esmailzadeh, S. (2020): Effect of psychosocial care model applied in an “elderly day care center” on loneliness, depression, quality of life, and elderly attitude. J of Nigerian Journal of Clinical Practice. 23(2):189-197.

Jamieson, H., Abey-Nesbit, R., Bergler, U., Keeling, S., Schluter, P., Scrase, R., and Lacey, C. (2019): Evaluating the Influence of Social Factors on Aged Residential Care Admission in a National Home Care Assessment Database of Older Adults. Journal of the American Medical Directors Association. 20(11): 1419-1424.

Jones, D. (2018): The Benefits of Social Activities for the Elderly. Retrieved from <https://www.griswoldhomecare.com/blog/engagement-for-the-elderly-why-social-interaction-is-crucial/>

- Juniarni, L. & Wulandari, S. (2020):** The Relationship between Depression and the Quality of Life among Elderly in Nursing Home. *International Journal of Caring Sciences*. 13(3): 2048.
- Kim, E., Delaney, S., Tay, L., Chen, Y., Diener, E., and Vanderweele, T. (2021):** Life Satisfaction and Subsequent Physical, Behavioral, and Psychosocial Health in Older Adults. *Wiley Journals*. 2(1):1-11.
- Kong, S., Fang, C., and Lou, V. (2017):** Solving the “Personhood Jigsaw Puzzle” in Residential Care Homes for the Elderly in the Hong Kong Chinese Context. *J of Qualitative Health Research*. 7(3): 1-13.
- Lai, C., Kwan, R., Lo, S., Fung, C., Lau, J., and Tse, M. (2018):** Effects of Horticulture on Frail and Prefrail Nursing Home Residents: A Randomized Controlled Trial. *Journal of the American Medical Directors Association*. 19(8):696-702.
- Li, C., Kang, K., Lin, X., Hu, J., Hengeveld, B., and Hummels, C. (2020):** Promoting Older Residents’ Social Interaction and Wellbeing: A Design Perspective. *J of Sustainability*. 2834(1): 2-17.
- Lotvonen, S., Kyngäs, H., Koistinen, P., Bloigu, R., and Elo, S. (2017):** Social Environment of Older People during the First Year in Senior Housing and Its Association with Physical Performance. *Int J Environ Res Public Health*. 14(9): 960. doi: 10.3390/ijerph14090960.
- Manandhar, K., Risal, A., Shrestha, O., Manandhar, N., Kunwar, D., Koju, R., and Holen, A. (2019):** Prevalence of geriatric depression in the Kavre district, Nepal: Findings from a cross sectional community survey. *J of BMC Psychiatry*. 19(1):271.
- Mura, G. and Carta, M.G. (2013).** Physical activity in depressed elderly. A systematic review. *Clin Pract Epidemiol Ment Health*; 9, 125-135.
- Na, L. and Streim, J. (2017):** Psychosocial Well-Being Associated With Activity of Daily Living Stages Among Community-Dwelling Older Adults. *J of Gerontology and Geriatric Medicine*. 3(1):1-23.
- Nevesa, B., Sandersb, A., and Kokanović, R. (2019):** “It’s the worst bloody feeling in the world”: Experiences of loneliness and social isolation among older people living in care homes. *Journal of Aging Studies*. 49(1): 74-84.
- Niu, L., Jia, C., Ma, Z., Wang, G., Sun, B., Zhang, D., and Zhou, L. (2020):** Loneliness, hopelessness and suicide in later life: a case-control psychological autopsy study in rural China. *J of Epidemiology and Psychiatric Sciences*. 1(7): e119.
- Nyqvist, F., Cattan, M., Andersson, L., Forsman, A.K., and Gustafson, Y. (2013):** Social capital and loneliness among the very old living at home and in institutional settings: a comparative study *Journal of Aging Health*. 25 (6):1013-1035.
- Odetola, T., Akintayo-Usman, N., Okorie, B., Afolabi, T., and Oluwatosin, A. (2020):** Life Satisfaction Assessment of Elderly Living in Geriatric Homes: Case Study of a Geriatric Home in Ibadan,

- Nigeria. *African Journal of Biomedical Research*. 23(3):1-18.
- Oluwagbemiga, O. (2016):** Effect of Social Support Systems on the Psychosocial Well-Being of the Elderly in Old People's Homes in Ibadan. *J Gerontol Geriatr Res*. 5(5): 1-10.
- Powell, J., Mackintosh, S., Bird, E., Ige, J., Garrett, H., & Roys, M. (2017):** The role of home adaptations in improving later life. Retrieved from <https://www.ageingbetter.org.uk/sites/default/files/201712/The%20role%20of%20home%20adaptations%20in%20improving%20later%20life.pdf>
- Seddigh, M., Hazrati, M., Jokar, M., Mansouri, A., Bazrafshan, M., Rasti, M., and Kavi, E. (2020):** A Comparative Study of Perceived Social Support and Depression among Elderly Members of Senior Day Centers, Elderly Residents in Nursing Homes, and Elderly Living at Home. *Iran J Nurs Midwifery Res*. 25(2): 160–165.
- The National Academy for Psychosocial Health on Aging's. (2015):** Retrieved from http://www.cornellaging.org/psy_health_inst/index.html
- United Nations, Department of Economic and Social Affairs, (2017):** World Population Ageing 2017: Highlights. Retrieved from https://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2017_Highlights.pdf
- Walke, R. (2021):** Effectiveness of Laughter Therapy on Level of Stress and Assertiveness among Elderly at Old Age Homes in Selected Areas. *International Journal of Nursing Education and Research*. 9(1):1-24.
- Wang, J., Wang, J., Cao, Y., Jia, S., and Wu, B. (2018):** Perceived Empowerment, Social Support, and Quality of Life Among Chinese Older Residents in Long-Term Care Facilities. *Journal of Aging and Health*. 1(1):1-15.
- World Health Organization. (2018):** Ageing and health. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
- Zhou, W., Oyegoke, A.S. & Sun, M. J. (2019):** Service planning and delivery outcomes of home adaptations for ageing in the UK. *Journal of Housing and the Built Environment*. 34 (2): 365–383.
- Zivoder, I., Kolaric, B., and Zupanic, M. (2019):** Influence of gerontology services on the physical and psychological health of elderly in the city of Zagreb. *J of Medicina Academica Mostariensia*. 6(1): 99-104