Family support of the elderly nursing home elderly patients with activities of daily living and depression

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Abstract. Due to the aging population continues to increase after entering the aging society has been increasing along with the elderly patient is hospitalized elderly care facilities. The purpose of this study was to try to identify depression and family support, activities of daily living of elderly patients admitted to the degree of aged care facilities. Subjects participated in this study was carried out using a structured questionnaire to 204 subjects. It showed that there is a net correlation between depression and social support of this study is depressed subjects were differences according to age and gender. Elderly depression is the average 5.87 points (range 0-25 points), family support is 3.42 (range 1-5 points) average, ADL showed an average 2.14 points (range 1-3 points). Understanding the burden of family dependents through these results and confirmed the personalized intervention can consider the family support required.

Keywords: Family support, Depression, Activities of daily living Elderly, Nursing home

1 Introduction

Korea in 2000 to 7.2% of the elderly population in an aging society with a continuous increase since 2018 has entered the aging society and predicted to be 14.3%. (Korea National Statistical Office, 2007). The prevalence of chronic aspects of the rapid increase in the elderly population was due to the increase in the weighted long-term hospitalization needs and national medical costs are causing serious social problems. The clinical characteristics of the disease in the elderly long-term hospitalization is accompanied by a number of you have a combination of symptoms as well as depression is (Lee, 2005). With health problems, concerns or interests of the country seniors, elderly patients with depression appear to have become major health problems connected with the life and role-dependent loss (Lee, 2005).

Geriatric Depression in elderly patients admitted to the facility emotional, physical and social aspects of the state over the long-term hospitalization for understanding
depression in the elderly is becoming a major means (Lee, 2005). In particular cause of depression is a physical disease of the elderly, the increase in chronic diseases, their spouses and close to death, loss, deterioration of the economic situation, degree of support from the community and family, self-regulation was impossible as such for the day-to-day life (www.amda.com). Various Depression in elderly patients with long-term care services are required and as a health problem representing an aspect of a complex health problem (Lee, 2005) management examines the relationship between family support and the elderly Depression in terms of requirements, the impact on depression. It requires a study to analyze the cause.

Therefore, the present study is to verify the depression and family support, activities of daily living of elderly patients admitted to the degree of elderly care facilities in accordance with the long-term care insurance policy. This was an attempt to determine the overall state of well-being, and elderly patients aged care facility entrance of the elderly long-term care coverage and to provide a basis for the development of tailored strategies for long-term care services program.

2 Method

2.1 Research design

This study depression and social support of elderly patients admitted to the facility, a descriptive research study to determine the degree..

2.2 Research Subjects

After this study, a random selection of small and medium cities of Seoul, Gyeonggi, Jeolla region, were enrolled in a senior entrance to aged care facilities in each region. Subject to specific selection criteria are linguistically as a more than 60-year-old man, nonverbal communication is possible and can be written questionnaire or the elderly to respond to the interview.

2.3 Research Tool

2.3.1 Depression

Depression tools Kee (1996) was used as a shorthand tool developed by the Korean Geriatric Depression Scale. The tool consists of a factor analysis factor loadings of 0.6 or more items among the 30 items of 15 pieces GDS-K. The total score is 15 out of the response is composed of a nutrient indicator of yes or no. Reliability of this study was Cronbach’s \( \alpha = .90 \).
2.3.2 Family Support

Family support tool Kang (1984) was used as a tool of 11 questions developed by a 5-point scale. Tools means the higher the score, the degree of family support is higher. Reliability of this study was to Cronbach ‘α = .91.

2.3.3 Activities of Daily Living

ADL tool Long - Term Care Insurance Long-Term Care recognized body function assessment questionnaire 12 Question 3 point scale was used. The higher the score, the tool means that the degree of dependence in activities of daily living high. Reliability of this study was to Cronbach ‘α = .85.

2.4 Data collection methods and ethical considerations

Data is collected from the period of Birth 11 October 2013. Explain the purpose of a nurse in each facility subject to the researcher and the elderly received prior training, and admission to the facility were advised that the research facility that will collect data in elderly patients with one entrance. The nurse in charge of each facility are using a structured questionnaire received training about data collection methods, including the ethical issues of the subjects intended for elderly patients prior to the survey interview was direct. This communication details the frequency analysis results for each item appeared in more than 99% of the common words used in the questions between the data collector via a pre-meeting to increase the confidence between data collectors looked to be reliable. A total of 250 questionnaires were collected from 236 additional parts, of which the response was poor, except for the final questionnaire and analyzed by 204 people (86.4%) target.

3 Results

3.1 General characteristics and health-related characteristics of subjects

A result of examining the general characteristics and health-related characteristics of the study subjects, the female sex 140 patients (68.6%) were men, 64 (31.4%). The average age range in age up to 80 years of age or distributed in at least 60 years of age is 68.5 years. Subjects who have a religion, 51 patients (77.3%), no religious subjects were 49 patients (22.7%). Ward number of beds Facility is 1 -3 persons, 36 persons (16.7%), it showed that one in four persons admitted to almost double over the 168 people (82.4%). Education is more than 148 people have graduated from elementary school (72.5%), primary school and 38 persons (18.6%), middle school, 11 persons (5.4%), high school more than seven people (3.4 percent).

Admission former family member is living with children 137 people (67.2%), spouse and residence 34 patients (16.7%), dwelling alone 29 people (14.2 %).
Admission decision makers child is 131 people (64.2%), spouse 41 (20.1%), were themselves 28 patients (13.7%). The degree of depression, according to the Geriatric Depression Scale shorthand cut 5 basis points lower than the normal 5 and 15 (7.4%), mild 5-9 points 118 patients (57.8%), 10 points or more severe 71 patients (34.8%), respectively.

3.2 General characteristics and health-related depression and family characteristics of the support, daily living skills

It was depressed scores of participants on average 5.87 points (range 0-15 points), and the general characteristics and factors that are significantly different from the difference in the Depression of the health-related characteristics are gender, age, education, daily living skills. Gender (F = 4.21, p <.05) was found to influence depression, depending on women than men. It was a significant difference in depression with age. Education (F = 3.41, p <.05) showed a significant difference in the more or less depressed than high school graduates or higher, depending on. Family Support Family support is usually higher than the average were 3.42 (range 1-5 points). ADL showed an average of 2.14 points (range 1-3 points).

3.3 The correlation between depression and family support, activities of daily living

Depression and family support person, ADL result of examining the correlation between melancholy family support (r = .68, p = .001) and showed a statistically significant correlation between net.

4 Conclusions

This study is not depressed and the family of the elderly patients hospitalized elderly care facilities in order to assess the relationship between ADL Seoul, Gyeonggi, and Jeolla regions in elderly nursing home elderly patients 204 people targeted jungyisin entrance, a data collection period October 2013 was the 14 thru November 20, 2013. The collected data were analyzed using the SPSS 14.0 program WIN.

The major findings of this study are as follows.

1. The variables showed significant differences from the depression of the general characteristics of the subjects age (F = 2.94, p <.05), the gender (F = 4.21, p <.05).

2. Net significant correlation between depression and social support (r = .42, p = .001).

If depression is lower than the results from the higher family support, and family understand the main burden of dependents and ensure a personalized intervention is not required to consider your family. In addition, the challenges to be addressed in engagement with the community and the services associated with government policies.
for the reduction in family support and customized training program developed depression in the elderly long-term care services are required.

Reference