Original paper

Psychosocial problems affecting the elderly

Psychospołeczne problemy osób starszych

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Słowa kluczowe: osoby starsze, psychospołeczne problemy, skala PCH-R.

Abstract

Introduction: Psychosocial problems affecting elderly people have become particularly meaningful not only because of health considerations but also because of their significant social consequences.
Aim of the research: To assess psychosocial problems among elderly people suffering from chronic diseases, according to the PCH-R scale.
Material and methods: The study was conducted in a group of 150 chronic elderly patients following the principles of the Declaration of Helsinki. A socio-demographic questionnaire and the PCH-R scale assessing psychosocial problems were applied.
Results: An analysis of eta correlations between the subjects gender and their psychosocial problems showed statistically significant correlations between personality, social, and occupational spheres. The average level of problems within the personality, social, and occupational spheres was statistically significantly higher in women than in men. Gender accounted for 4% of the variance in results in personality, social, and occupational spheres but only 0.4% of the variance in the family sphere. The study showed a statistically significant negative correlation between age and psychosocial problems in all spheres.
Conclusions: Psychosocial problems of older people are influenced by their gender (in personality, family, and occupational spheres women reported a higher intensity of psychosocial problems) and age (in personality, family, social, and occupational spheres the intensity of psychosocial problems decreased with age). Psychosocial problems of elderly people tend to interact with one another.

Streszczenie

Wprowadzenie: Psychospołeczne problemy osób starszych nabrały szczególnego znaczenia nie tylko ze względu na uwarunkowania zdrowotne, lecz także konsekwencje społeczne.
Cel pracy: Ocena psychospołecznych problemów osób starszych przewlekle chorych wg skali PCH-R.
Materiał i metody: W badaniu wzięło udział 150 osób starszych przewlekle chorych. Przeprowadzono je zgodnie z zasadami zawartymi w Deklaracji helsińskiej. W badaniu posłużono się metryczką pytań dotyczących zagadnień demograficzno-społecznych oraz Skalą problemów psychospołecznych osób przewlekle chorych (PCH-R).
Wyniki: Analiza korelacji Eta między płcią a problemami psychospołecznymi osób starszych wykazała istotną statystycznie zależność w sferze osobowościowej, społecznej i zajęciowej. Średnia poziomu problemów psychospołecznych badanych osób starszych w poszczególnych sferach była istotnie wyższa w sferze osobowościowej, społecznej, zajęciowej u kobiet niż u mężczyzn. Płeć wyjaśnia 4% wariancji wyników sfery osobowościowej, rodzinnej i zajęciowej, a tylko 0,4% wariancji wyników sfery rodzinnej. Stwierdzono statystycznie istotną ujemną korelację między wiekiem badanych osób a problemami psychospołecznymi we wszystkich sferach skali PCH-R.
Wnioski: Psychospołeczne problemy osób starszych zależą od płci (w sferze osobowościowej, rodzinnej i zajęciowej kobiety charakteryzowały się większym nasileniem problemów psychospołecznych) i wieku (w sferze osobowościowej, rodzinnej, społecznej i zajęciowej wraz z wiekiem zmniejszało się nasilenie problemów psychospołecznych). Psychospołeczne problemy osób starszych oddziałują wzajemnie na siebie.

Introduction

Following the escalating phenomenon of ageing society, resulting in a regular increase of the percentage of elderly people, psychosocial problems of elderly people have become particularly meaningful not only because of health considerations but also because of their negative social consequences. Ageing is a natural, long-lasting physiological process, which is a natural part of human ontogenesis. Changes which are indicative of the ageing process have a one-way character and are interconnected and dependent on each other in biological, psychological, and social dimensions [1, 2]. The individual aging process is significantly influenced not only by preceding conditions responsible for socio-economic status and determined by former occupational, lifestyle, and social functions, belonging to social groups or a network of social relationships, but primarily by health condition, especially chronic diseases and functional capacity, which generate the necessity to use medical services and become dependent on them [2–4].

Psychosocial problems of elderly people have a situational origin, which means that they are influenced not only by the aging process, which has a similar form in all people, but also result from new situations in which the elderly have to function. Old age is a stage of life that forces people to take on numerous new roles, which are subject to cultural and social changes (dressing style, verbal and non-verbal communication). Elderly people lose some of the roles that they had before (family, work/retirement, and organisational ones) and adopt new roles connected with their age, such as social activities, pursuing their hobbies, or bringing up grandchildren. Apart from problems resulting from a poor health condition, older people often have to face up to difficult changes in their personal life (children moving out of the family home, widowhood, loneliness, solitude). The process of accepting these changes and adapting to them gives rise to anxiety and confusion. It involves new norms, which regulate these new unfamiliar social roles and the necessity to adapt to them [2–6].

Aim of the research

The main objective of the study was to assess psychosocial problems of chronic elderly people, according to the PCH-R scale.

Material and methods

The study was carried out between August and October 2017 on a group of people hospitalised on a conservative treatment ward, following the appropriate legal rules and bioethical principles of the Declaration of Helsinki. Before giving their informed consent, each respondent was informed about the objective of the study. The main criteria for qualifying people for the study included: old age (65 years or over), chronic disease (diagnosed at least 6 months earlier), a period of disease stability, and maintained verbal contact. The study was conducted with the application of a questionnaire including sociodemographic questions and a standardised questionnaire.

In the group of 150 elderly people suffering from a chronic disease the percentage of examined women was higher than the percentage of examined men (60.7% vs. 39.3%), and the average age in this group was 76 ±7.6 years. More than half of the respondents were married (54.6%), whereas smaller groups were made up of widowed respondents (38.7%) and single ones (6.7%). Most of the respondents had vocational education (32%) or secondary education (28%), were living with their families (65.3%), and were living off their pension (95.3%).

The assessment of intensity of psychosocial problems in chronically ill people was carried out by means of the PCH-R scale. The scale consists of 60 statements, the content of which makes it possible to discover problems and difficulties and assess their intensity and burdensomeness in four spheres: family sphere, involving problems which appear in family life; personality sphere, to assess problems connected with personal experience and its burdensomeness; social sphere, comprising problems with social contact; and occupational sphere, describing, from the respondent's point of view, their own occupational situation and professional activity. The subjective sense of disability in each of the spheres was assessed on a 0–5 scale (0 – no such experience at all, 1 – intensity of the problem is very small, 2 – burdensomeness of the problem is small, 3 – average, 4 – big, 5 – very big intensity). The total score was obtained by summing the separate scores (0–5) of the examined person, and the results in particular spheres were obtained by summing up the relevant statements. In order to interpret the results more efficiently sten norms were also defined (Table 1). The accuracy of the PCH-R scale was confirmed by the value of Cronbach's α coefficient, reaching 0.952: 0.794 for the personality sphere, 0.856 for the family, 0.833 for the social, and 0.875 for the occupational sphere [7].

Statistical analysis

An analysis of quality variables was described by means of absolute numbers in particular categories (N) and their percentage participation in the distribution of the variable (%). Average values of variables with a normal distribution were described by their mean and standard deviation (SD). The comparison of average values of variables with a normal distribution in two unrelated groups was carried out by means of Student's *t*-test for independent groups and by means of ANOVA analysis of variance for more than two independent groups. The strength of a relationship

Table 1. Scores on the PCH-R scale

Intensity of psychosocial problems	Total score	Sphere			
		Personality	Family	Social	Occupational
Low (1–4 stens)	0–43	0–8	0–7	0–7	0–5
	44–68	9–21	8–15	8–15	6–9
	69–97	22–32	13–20	16–22	10–16
	98–133	33–39	21–31	23–33	17–28
Average (5–6 stens)	134–164	40–43	32–40	34–39	29–38
	165–181	44–48	41–44	40–44	39–44
High (7–10 stens)	182–202	49–53	45–51	45–49	45–52
	203–221	54–56	52–56	50–54	53–59
	222–247	57–62	57–62	55–59	60– 65
	248–300	63–75	63–75	60–75	66–75

Table 2. Psychosocial problems according to the PCH-R scale

Intensity of psychosocial problems	Total score *N* (%)	Sphere			
		Personality *N* (%)	Family *N* (%)	Social *N* (%)	Occupational *N* (%)
Low (1–4 stens)	41 (15.3)	32 (21.3)	42 (28)	18 (12)	126 (84)
Average (5–6 stens)	86 (57.4)	52 (34.7)	55 (36.7)	45 (30)	22 (14.7)
High (7–10 stens)	23 (27.3)	66 (44)	53 (35.3)	87 (58)	2 (1.3)

N – number of respondents.

between quantity variables was assessed by means of Pearson's *r* correlation coefficient when the relationship between variables was straightforward and by means of Spearman's rho (*R*) correlation coefficient when the relationship was monotone but not straightforward. The relationship between the quantity and quality variables was assessed by means of the eta correlation coefficient.

A statistical analysis of the findings was conducted with the application of the IBM SPSS Statistics 24 for Windows. In all conducted analyses the differences in the intensity and strength of the relationships between variables were assessed with the significance level $p < 0.05$.

Results

The assessment of psychosocial problems according to the PCH-R scale (its global results) showed average intensity of psychosocial problems (151.5 ±35.10). An analysis of particular spheres of psychosocial problems showed: high intensity of problems in the social sphere (46.0 ±11.00), average intensity in the personality (47.20 ±10.40) and family spheres (38.60 ±12.40), and low intensity in the occupational sphere (20.00 ±9.00). The highest number of respondents reported high intensity of problems in the personality and social spheres, average intensity of problems in the family sphere, and low intensity of problems in the occupational sphere (Table 2).

An analysis of eta correlations between respondents' gender and psychosocial problems showed a statistically significant dependence in the personality, social, and occupational spheres. The average intensity of psychosocial problems was significantly higher in women than in men in the personality, social and occupational spheres. People' gender accounted for 4% of the variances in results as far as the personality, social, and occupational spheres are concerned but only for 0.4% of the variances in results connected with the family sphere (Table 3).

The study showed a significant negative correlation between the respondents' age and psychosocial problems in all spheres on the PCH-R scale. The personality sphere was the most correlated with age, whereas the social sphere was affected the least (Table 4).

An analysis of Pearson correlations of particular spheres of the PCH-R scale showed a statistically significant positive correlation in all spheres: personality, family, social, and occupational (an increase in the intensity of psychosocial problems in one sphere was accompanied by an increase of the intensity of problems in the other ones). The strongest correlation

Table 3. Correlation between gender and psychosocial problems according to the PCH-R scale

Sphere	Gender	Average	SD	Eta	Eta² (%)	*P*-value
Personality	Female	49.23	10.71	0.20*	4	0.01
	Male	45.07	9.65			
Family	Female	39.24	12.64	0.06	0.40	NS
	Male	37.82	12.10			
Social	Female	48.04	11.08	0.20*	4	0.02
	Male	43.71	10.58			
Occupational	Female	21.44	9.69	0.20*	4	0.02
	Male	18.00	7.89			

*SD – standard deviation; *p < 0.05; p-value for eta correlation; NS – statistically not significant.*

was observed between social and personality spheres. An increase in the intensity of problems in the family sphere was followed by a weaker increase in the intensity of problems in social and occupational spheres. Occupational and social spheres had the weakest influence on each other (Table 5).

Discussion

There are few publications about the assessment of psychosocial problems according to the PCH-R scale. The majority of the studies that have been conducted so far are selective and focused on a younger generation of people. There are no results focussing on the assessment of psychosocial problems according to the PCH-R scale in a group of elderly people.

The findings of the authors' own study carried out on a group of 150 elderly chronic people showed an average intensity of psychosocial problems (151.5 ±35.1). On the other hand, a low intensity of psychosocial problems (32.83 ±13.23) was observed in the study conducted by Szcześniak (2009) on a group of 120 people belonging to a younger age group (under 79 years old) and suffering from a chronic disease (diabetes) for 2 years or more [8].

Table 4. Pearson correlation between age and psychosocial problems according to the PCH-R scale

Sphere	Age	
	r Pearson	*P*-value
Personality	–0.38**	< 0.001
Family	–0.24**	< 0.001
Social	–0.18*	0.03
Occupational	–0.27**	< 0.001

**p < 0.05; **p < 0.01; p-value for Pearson correlation coefficient.*

A correlation between health condition and psychosocial problems was pointed out in the study conducted by Nicklett *et al.* (2010) on a group of 1788 elderly patients diagnosed with diabetes. The study proved that family support improves elderly patients' self-care and makes them follow doctors' recommendations connected with taking medicines and/or dietary restrictions [9].

Gradual loss of self-reliance, disability, and chronic diseases account for elderly patients' need for support from their families, friends, or social workers [10, 11]. According to the study conducted by Beverly *et al.*

Table 5. Pearson correlation of psychosocial problems according to the PCH-R scale

Sphere		Personality	Family	Social	Occupational
Personality	Pearson's *r*	1	0.64**	0.73**	0.47**
	P-value		< 0.001	0.00	< 0.001
Family	Pearson's *r*	0.64**	1	0.64**	0.48**
	P-value	< 0.001		< 0.001	< 0.001
Social	Pearson's *r*	0.73**	0.64**	1	0.34**
	P-value	< 0.001	< 0.001		< 0.001
Occupational	Pearson's *r*	0.47**	0.48**	0.34**	1
	P-value	< 0.001	< 0.001	< 0.001	

***p < 0.01; p-value for Pearson correlation coefficient.*

(2016), chronic diseases result in an increasing loss of functional capacity and the need for assistance in everyday activities, which, in turn, leads to gradual withdrawal from social life [11]. Leifheit-Limson *et al*. (2010) proved in their study that in the case of elderly people suffering from cardiovascular diseases, the psychosocial problem of loneliness leads to deterioration of patients' health condition [12], increases the number of hospitalisations or deaths [13], intensifies anxiety, fear, and depression, and arouses hostility [14]. On the other hand, the findings of Titscher and Schöppl show that the family providing a high level of emotional support or being married are factors that have a positive impact on psychosocial consequences of cardiovascular disease by lowering anxiety and depression and increasing self-evaluation of patients' health condition and their quality of life [13, 15, 16].

An analysis of particular areas of psychosocial problems carried out in the authors' own study showed a high intensity of problems in the social sphere (46.0 ±11.00), average intensity in the personality (47.20 ±10.40) and family spheres (38.60 ±12.40), and low intensity in the occupational sphere (20.00 ±9.00). Another study carried out on a group of 101 people suffering from a chronic disease (diabetes), with a confirmed disability group (I and II group) and without it, aged 64 years on average (±9 years) led to different results, which imply a low intensity of psychosocial problems in the personality (36.9 ±16.38), family (28.67 ±13.89), and social (31.76 ±13.75) spheres and average intensity in the occupational sphere. The study also proved that a confirmed disability was strongly correlated with the subjective sense of disability experienced by the respondents [8].

The study also showed that female gender was an important determinant of the incidence of psychosocial problems. Women reported greater intensity of psychosocial problems in the personality, family, and occupational spheres than in the case of men. Comparable results for personality and family spheres were also obtained in the study by Szcześniak (2009), in which the average intensity of these problems was higher in women than in men; however, as far as the occupational and social spheres are concerned, the intensity of psychosocial problems was higher in the study conducted by Szcześniak than in the authors' own study. The inference of particular statements of the PCH-R scale, which was carried out in the aforementioned study by Szcześniak, showed that women's anxiety focused on themselves, whereas in the case of men their anxiety focused rather on their families [17]. Numerous studies show the importance of differences between men and women, pointing out the fact that women have to cope with various stress situations throughout their lives and, consequently, develop strategies of dealing with stress, which results in greater bio-psycho-social resources with which women reach elderly age and face up to its complicated chronic diseases. Women also tend to suffer from a higher number of chronic diseases than men do, which is followed by their more frequent need for medical care. Women are believed to take on the role of patient faster and adapt to this situation better than men [18, 19].

The assessment of the influence of sociodemographic variables on psychosocial problems carried out in the study showed that with respondents' age the intensity of psychosocial problems decreases in the personality, family, social, and occupational spheres, which may prove that these people accepted/came to terms with this stage of their lives. According to Zawadzka (2015), a good adaptation to old age consists of the ability to cope with the problems typical of this period accompanied by maintaining current control over an inevitable process of growing old. In the process of development in old age it is essential to accept some ideas that were unacceptable previously and to come to terms with dying and loss, which might cause a temporary regress but then turn out to be a positive change in one's development. It is quite frequent that elderly people do not succeed in accepting these changes and do not look for a way to face the challenges and limitations caused by old age. What becomes indispensable in such cases is the support of family and friends as well as professional help [20].

Following the escalating phenomenon of ageing society there is a need for far-reaching assessment of psychosocial problems among elderly people, not only to shape the proper policy of providing them with proper healthcare but, first of all, to prepare appropriate support and nursing services. The primary aim of these activities should be to obtain information applicable for particular people in the aspect of their individual circumstances. The therapeutic team cooperating with elderly people should apply the results of the evaluation of psychosocial problems in their everyday routine, which would make it possible to change the dimension of therapeutic success from the exclusively biological dimension to the bio-psychosocial dimension. However, such transformations may become possible only thanks to further research and analysis in this sphere. The presented findings of the study might provide directions for such research as the topic indeed requires further investigation and continuation.

Conclusions

Psychosocial problems of elderly people are influenced by their gender (in the personality, family, and occupational spheres women reported a higher intensity of psychosocial problems) and age (in the personality, family, social, and occupational spheres the intensity of psychosocial problems decreased with age). Psychosocial problems in the elderly tend to interact with one another.

Conflict of interest

The authors declare no conflict of interest.

References

1. Kędziora-Kornatowska K. Podstawy biologicznego starzenia się organizmu człowieka oraz mechanizmy starzenia się. In: Pielęgnowanie pacjentów w starszym wieku. Muszalik M, Kędziora-Kornatowska K (eds). Wydawnictwo Lekarskie PZWL, Warsaw 2018; 3-12.
2. Paranowski T. Psychologiczne starzenie się człowieka. In: Geriatria z elementami gerontologii ogólnej: podręcznik dla lekarzy i studentów. Grodzicki T, Kocemba J, Skalska A (eds). Wydawnictwo Via Medica, Gdańsk 2006; 31-36.
3. Tobiasz-Adamczyk B. Społeczne aspekty starzenia się i starości. In: Geriatria z elementami gerontologii ogólnej: podręcznik dla lekarzy i studentów. Grodzicki T, Kocemba J, Skalska A (eds). Wydawnictwo Via Medica, Gdańsk 2006; 37-41.
4. Muszalik M, Kędzierska-Kornatowska K, Sury M, Kornatowski T. Ocena funkcjonalna pacjentów w starszym wieku w odniesieniu do jakości życia w świetle kwestionariusza Oceny Funkcjonalnej Przewlekle Chorych. Probl Higieny Epidemiol 2009; 90: 569-576.
5. Kachaniuk H. Problemy psychospołeczne osób w starszym wieku. In: Geriatria i pielęgniarstwo geriatryczne. Wieczorkowska-Tobis K, Talarska D (eds). Wydawnictwo Lekarskie PZWL, Warsaw 2017; 68-74.
6. Chmielecki R, Dominiak I. Psychospołeczne aspekty starzenia się i starości. In: Pielęgniarstwo geriatryczne. Błaszczak R, Dominiak I, Wojtczak A (eds). Wydawnictwo Lekarskie PZWL, Warsaw 2017; 77-106.
7. Witkowski T, Mariańczyk K, Otrębski W, Wiącek G. Skala PCH-R: podręcznik użytkownika. In: Narzędzia pomiaru w psychologii rehabilitacji. cz. 1. Witkowski T, Otrębski W, Wiącek G, Czusz A, Mariańczyk K (eds). Pracownia Testów Psychologicznych i Pedagogicznych, Gdańsk 2016: 57-90.
8. Szcześniak G. Orzeczony stopień inwalidztwa a jakość życia i poczucie niepełnosprawności pacjentów z cukrzycą typu 2. Fam Med Prim Care Rev 2009; 11: 513-516.
9. Nicklett EJ, Liang J. Diabetes-related support, regimen adherence, and health decline among older adults. J Gerontol B Psychol Sci Soc Sci 2010; 65B: 390-399.
10. Boralingaiah P, Bettappa P, Kashyap S. Prevalence of psycho-social problems among elderly in urban population of Mysore city, Karnataka, India. Indian J Psychol Med 2012; 34: 360-364.
11. Beverly EA, Ritholz MD, Shepherd C, Weinger K. The psychosocial challenges and care of older adults with diabetes: "Can't do what I used to do; can't be who I once was". Curr Diab Rep 2016; 16: 48.
12. Leifheit-Limson EC, Reid KJ, Kasl SV, Lin H, Jones PG, Buchanan DM, Parashar S, Peterson PN, Spertus JA, Lichtman JH. The role of social support in health status and depressive symptoms after acute myocardial infarction: evidence for a stronger relationship among women. Circ Cardiovasc Qual Outcomes 2010; 3: 143-150.
13. Staniute M, Brozaitiene J, Bunevicius RJ. Effects of social support and stressful life events on health-related quality of life in coronary artery disease patients. Cardiovasc Nurs 2013; 28: 83-89.
14. Höfer S, Benzer W, Alber H, Ruttmann E, Kopp M, Schüssler G, Doering S. Determinants of health-related quality of life in coronary artery disease patients: a prospective study generating a structural equation model. Psychosomatics 2005; 46: 212-223.
15. Titscher G, Schöppl C. Die Bedeutung der Paarbeziehung für Genese und Verlauf der koronaren Herzkrankheit. Statuskonferenz Psychokardiologie. Vol. 1. VAS – Verlag für Akademische Schriften. Frankfurt 2000.
16. Albus C, Waller C, Fritzsche K, Gunold H, Haass M, Hamann B, Kindermann I, Köllner V, Leithäuser B, Marx N, Meesmann M, Michal M, Ronel J, Scherer M, Schrader V, Schwaab B, Weber CS, Herrmann-Lingen C. Bedeutung von psychosozialen Faktoren in der Kardiologie – Update 2018. Positionspapier der Deutschen Gesellschaft für Kardiologie. Der Kardiologe 2018; 12: 312-331.
17. Szcześniak G. Ocena poczucia niepełnosprawności u mężczyzn i kobiet z cukrzycą typu 2 w oparciu o wyniki Skali PCH. Fam Med Prim Care Rev 2009; 11: 509-512.
18. Mossakowska M, Więcek A, Błedowski P. Aspekty medyczne, psychologiczne, socjologiczne i ekonomiczne starzenia się ludzi w Polsce. Termedia, Poznań 2012.
19. Crimmins EM, Shim H, Zhang YS, Kim JK. Differences between men and women in mortality and the health dimensions of the morbidity process. Clin Chem 2019; 65: 135-145.
20. Zawadzka D, Stalmach M. Problemy psychologiczne osób w okresie starości. Cz. I. Najważniejsze wyzwania i trudności. HYGEIA Public Health 2015; 50: 298-304.

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