



NEED ASSESSMENT AND PROFILE OF SERVICES PROVIDED BY THE STAFF IN OLD AGE HOMES

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ABSTRACT **INTRODUCTION:** The staff of the old age homes being the primary caregivers to the elderly, can ensure that the health issues are addressed. Therefore, they need knowledge on aging, needs and care services for residents, and ways of providing individualized care and support for senior citizens in old age homes.

METHODOLOGY: Four old age homes were selected; purposive sampling was used. 4 old age home founders and 20 old age home residents, that five from each old age home were formed samples. The representatives of old-age home managers and residents were interviewed. The datasheet was prepared to collect information such as facilities, admission criteria, and services.

RESULTS: Among the manager, three males and one female respondent, and nine males and 12 females old age home residents. Old age homes belong to charitable homes and private homes. Majority of the old age homes doesn't have health professional. Descriptive analysis was used to analyse the data.

CONCLUSION: The staff working in the old age homes requires training in psychosocial issues and interventions for the institutionalized elderly. The training programme will improve the knowledge about needs and psychosocial interventions for old age home residents. Furthermore, it would enable the staff to provide individualized psychosocial care and support for old age home residents, which are not present in many old age homes.

KEYWORDS : Old age homes, Profile of services, Assessment**INTRODUCTION:**

Worldwide, the population is aging speedily. Between 2015 to 2050, the proportion of the world's population over sixty years will nearly double, from 12% to 22%. Mental health and well being are as crucial in elderly age as at any other time of life. Mental disorders among older adults account for 6.6% of the total disability for this age group. Approximately 15% of elderly aged 60 and over have a mental illness. (World Health Organization 2017). A decline in health status, income insecurity, isolation, loneliness, and the generation gap are other prominent areas of frustration among the Indian elderly (Raju 2014).

The current era in India known section that the number of old age homes was increasing more and more. Old age homes are meant for the lower socioeconomic status and destitute and usually managed by charitable old age homes. Still, in recent years, private old age homes have paid facilities and have also appeared to provide to the needs of middle and upper-middle-class older persons, who can pay for care in old age. The success of the Old Age Homes will depend upon the type of staff running it. The staff should have an interest in the welfare of the aged and understand their problems.

Usually, the staff's ratio to the inmates should be 1:10 or as near to it as possible. Some staff members should stay on the premises of the institution. There should be adequate nursing staff (Thomas, 2018). A need to have geriatric wards with specialized professionals with psychiatric and medical social workers and subsidized health care services in old age homes (Boralingaiah, Bettappa, & Kashyap, 2012).

METHODOLOGY

This study was carried out in four old age homes in Bengaluru urban district, Karnataka, India. The ethical approval was obtained from the Institutional Ethics Committee National Institute of Mental Health and Neurosciences, Bengaluru, India. (No. NIMH/DO/IEC (BEH.Sc.DIV), 2019). Used purposive sampling, four old age home founders and 20 inmates from four old age homes were selected. The old age homes were selected from the list given by the Department for the Empowerment of Differently Abled and Senior Citizens, Government of Karnataka (2015). The participants who are fluent in

English or Kannada were included in the study. All the participants were explained about the research and recruited after obtaining the written informed consent. The representatives of old age home management and staff working were interviewed. The datasheet was prepared to collect information such as facilities, admission criteria, and care services. Statistical analysis was carried out using R software. Descriptive statistics such as mean, standard deviation, frequency, and percentage were used to present descriptive data.

RESULTS**Table: 1 Sociodemographic Background Of Old Age Homes Manager**

Sex of the managers	n	%	Education	n	%	Type of Old Age Home	n	%
Male	3	75	BA	3	75	Charitable	3	75
Female	1	25	MSc Nursing	1	25	Private	1	25
Total	4	100	Total	4	100	Total	4	100

Table 1 describes that most old age home managers belong to males, and most of them studied up to BA graduation. Three old age home belong to charitable homes and one old age home belong to private homes.

Table:2 Sociodemographic background of old age home residents

Age in years	N	%	Sex	N	%
60-69	7	35	Male	9	45
70-79	10	55	Female	12	55
80-90	3	15	Total	20	100
Total	20	100			
Mean ± SD	70.95	(7.71)			
Religious status	N	%	Socio Economic Status	N	%
Hindu	16	80	Lower socio-economic	14	70
Christian	4	20	Middle socio-economic	6	30
Total	20	100	Total	20	100
Marital Status	N	%	Previous occupation	N	%

Married	2	10	Assistant in school	2	10
Single	4	20	Clerk	1	5
Divorce	5	25	Deputy Commander	1	5
Widower	5	25	Executive in the telephone department	1	5
Widow	4	20	Hairdressers	1	5
Total	20	100	Helper	1	5
Education	N	%	hotel manager	2	10
B. Com	1	5	Nurse	1	5
BA	2	10	Private company	2	10
D in Mechanic	1	5	private school teacher	2	10
MA	1	5	Government school teacher	2	10
MA Bed	1	5	Not worked	4	20
PUC	3	15	Total	20	100
SSLC	11	55			
Total	20	100			

Table 2 describes that the residents' age ranged from 60 to 90 years, with a mean of 70.95 (± 7.71). The majority (55% N=11) were female, and the remaining were male (45% N=9). 80% (N=16) followed the Hindu religion, and the remaining were Christian religion 20% (N=4). About 25% (N=5) of them were divorced, 25% (N=5) of them were widower, a widower 20% (N=4), and another 20% (N=4) were unmarried. Half of the respondents (55% N=11) studied up to 10th Standard, (15% N=3) studied up to PUC, 10% (N=2) had completed them BA, 5% (N=1) completed B.com, 5% (N=1) completed master of arts (MA), 5% (N=1) completed Diploma in Mechanic and remaining 5% (N=1) completed MA Bed. The majority of the residents were from lower socioeconomic status (70% N=14), remaining of the residents were from middle socioeconomic (30% N=6), and the majority of the respondents were previously working in either Government or Private sector, whereas 20% of them are unemployed and have never been employed.

Table: 3 Old age homes health professionals' profile and facilities

Physician (Visiting)	n	%	Nurses	n	%	Social worker	n	%
Yes	2	50	Yes	3	75	Yes	0	00
No	2	50	No	1	25	No	4	100
Total	4	100	Total	4	100	Total	4	100
Nursing assistant	n	%	Ward attender	n	%	Ambulance facilities	n	%
Yes	2	50	Yes	4	100	Yes	3	75
No	2	50	No	0	00	No	1	25
Total	4	100	Total	4	100	Total	4	100
Referral	n	%	Psychologist	n	%	Free medication	n	%
Yes	4	100	Yes	0	00	Yes	3	75
No	0	00	No	4	100	No	1	25
Total	4	100	Total	4	100	Total	4	100
Psychiatrist (Visiting)	n	%	Physiotherapist	n	%			
Yes	1	25	Yes	2	50			
No	3	75	No	2	50			
Total	4	100	Total	4	100			

Table 3 indicated that the old age home health professionals' profile and facilities, N=2 (50%) of the old age homes had physicians, N=2 (50%) of the old age homes not had physicians. N=2 (50%) of the old age homes had health workers. N=4, (100%) of the old age homes had a referral system. N=3, (75%) of the old age homes do not have to visit psychiatry. N=1 (25%) of the old age home had to visit psychiatry. N=3, (75%) of the old age homes had nurses, and N=1 (25%) of the old age home did not have nurses. N=4, (100%) of the old age homes had ward attenders. N=4, (100%) of the old age homes do not have to visit clinical psychologists. N=2 (50%) of the old age homes had physiotherapists, N=2 (50%) of the old age homes not had physiotherapists. N=4, (100%) of the old age homes not have trained professional social workers. N=3, (75%) of the old age homes had ambulance facilities, and N=1 (25%) of the old age home did not have ambulance facilities. N=2 (50%) of the old age homes had accessible medication facilities, N=2 (50%) of the old age homes did not have accessible medication facilities.

Table:4 Old age home refreshment facilities

Library	n	%	TV/ Radio	n	%	Religious activities	n	%
Yes	3	75	Yes	4	100	Yes	4	100
No	1	25	No	0	00	No	0	00
Total	4	100	Total	4	100	Total	4	100
Outing to religious places	n	%	Sports facilities	n	%	Old age home open space for physical exercises	n	%
Yes	1	25	Yes	2	50	Yes	3	75
No	3	75	No	2	50	No	1	25
Total	4	100	Total	4	100	Total	4	100

Table 4 indicated that the old age home refreshment facilities distribution, N=3, (75%) of the old age homes had library facilities. N=1 (25%) of the old age home did not have library facilities, N=3, (75%) of the old age homes not have an outing to religious places, and N=1 (25%) of the old age home had a tour to holy places. N=4, (100%) of the old age homes had TV/ Radio facilities, N=2 (50%) of the old age homes had sports facilities, and N=2 (50%) of the old age homes not had sports facilities. N=4, (100%) of the old age homes had religious activities. N=3, (75%) of the old age homes had open space for physical exercises, and N=1 (25%) of the old age home did not have free space for physical activities.

DISCUSSION

A total of 20 inmates from 4 old age homes participated in the study. The current research shows that old age homes are three established under charitable homes and one old home set under private homes. Similarly, study at Lucknow city, participants of old age homes were established under trust, religious organization, and government (Tiwari, Pandey, & Singh, 2012). Another study from old age homes was also found under public and private old age homes (Gupta, Mohan, Tiwari, Singh, & Singh, 2014).

The participants' sociodemographic characteristics, 20 inmates from 4 old age homes. The participants' age ranged from 60 to 90 years Old age home-based studies, which explore the views of the elderly from the age group 60 years and above. Akbar et al. (2014) are essential to have insiders' views on the needs of inmates. The majority of the study participants were also females, similar to other studies in the past reported women residents' homes in the principal southern cities of Bangalore, Chennai, Hyderabad, and Thiruvananthapuram (Subba, & Subba, 2015; Kalavar, & Jamuna, 2011).

The responses of old age homes managers reported that having health professionals' profile and facilities in their old age homes are half of the old age homes had physicians, had a referral system, do not have to visit psychiatry in their old age homes, had nurses in their old age homes, ward attendees in their old age homes, do not have to visit clinical psychologists in their old age homes. All old age homes had physiotherapists in their old age homes, not have trained professional social workers in their old age homes, had ambulance facilities in their old age homes, had accessible medication facilities, did not have free medication facilities in their old age homes. A study at Lucknow reported that services like medical services, recreational facilities, safety, space availability, and staff availability were significantly better in their old age homes (Gupta, Mohan, Tiwari, Singh, & Singh, 2014). The responses of old age home have an open space for physical exercises/ yoga/meditation. The founder of old age homes reported that most old age homes had open space for physical exercises. Similarly, a study said most of the respondents engaged in outdoor leisure activities and physical activities done by old age home residents (Onunkwor, et al., 2016).

CONCLUSION

The current study explored a very important need assessment and profile of the staff working in the old age homes. Old age home staff need to undergo training on understanding the aging and health care needs of the elderly. They can act as a change agent who identifies various requirements of the old age home residents. Study findings underline the need to provide and support residents in old age homes, which are not present in many homes. Few limitations of this study are the small sample size and purposeful selection of participants, which might have limited the generalisation of the study findings.

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REFERENCES

1. Akbar, S., Tiwari, S. C., Tripathi, R. K., Kumar, A., & Pandey, N. M. (2014). Reasons for living of elderly to in old age homes: An exploratory study. *The International Journal of Indian Psychology*, 2(1), 56-61.
2. Boralingaiah, P., Bettappa, P., & Kashyap, S. (2012). Prevalence of psycho-social problems among elderly in urban population of mysore city, karnataka, India. *Indian journal of psychological medicine*, 34(4), 360-364. <https://doi.org/10.4103/0253-7176.108221>
3. Gupta, A., Mohan, U., Tiwari, S. C., Singh, S. K., & Singh, V. K. (2014). Quality of life of elderly people and assessment of facilities available in old age homes of Lucknow, India. *National journal of community medicine*, 5(1), 21-24.
4. Kalavar, J. M., & Jamuna, D. (2011). Aging of Indian women in India: The experience of older women in formal care homes. *Journal of women & aging*, 23(3), 203-215.
5. Onunkwor, O. F., Al-Dubai, S. A. R., George, P. P., Arokiasamy, J., Yadav, H., Barua, A., & Shuaibu, H. O. (2016). A cross-sectional study on quality of life among the elderly in non-governmental organizations' elderly homes in Kuala Lumpur. *Health and quality of life outcomes*, 14(1), 1-10.
6. Raju, S. S. (2014). Studies on ageing in India: A review. *Population Ageing in India*, 180.
7. Subba, R., & Subba, H. K. (2015). Level of depression among elderly in selected old age homes at Mangalore, India. *Journal of Chitwan Medical College*, 5(1), 28-32.
8. Thomas, J. (2018). The Aging issues of senior citizens the welfare measures taken by changanacherry archdiocese through old age homes.
9. Tiwari, S. C., Pandey, N. M., & Singh, I. (2012). Mental health problems among inhabitants of old age homes: A preliminary study. *Indian journal of psychiatry*, 54(2), 144.
10. World Health Organization. (2017). Mental health of older: Key facts. [https:// www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults](https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults)