ORIGINAL ARTICLE

Determining the Psychosocial Needs of Elderly Living in the Turkish Republic of Northern Cyprus

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Abstract

Objective: Today, it is thought that the elderly may encounter many psychosocial problems. The research aims to determine these psychosocial needs by the elderly themselves.

Method: Data were collected through focus group interviews, which are a qualitative research method. Twenty elderly people aged 65 and above were interviewed on a voluntary basis. There were six to eight people in each focus group. A questionnaire developed by the researchers was utilized during the interviews.

Results: After the focus group interview, we divided the results into 4 categories (psychological, spiritual, physical, and social needs) and 12 sub-themes: the psychological category contained losses and emotional loneliness, risk of depression, and adaptation to being elderly; the spiritual category contained anxiety about death and beliefs, values, and culture; the social category contained a change in roles, change in expectations, family problems, and loneliness; and the physical category contained physical impairment due to elderliness and illnesses.

Conclusion: Psychosocial problems determined by the elderly themselves will help to plan nursing services for these individuals. Thus, the elderly will be provided with the opportunity to be active in their lives and to control their lives, to increase their quality of life, and to reveal and maintain their existing potential in a positive way.

Keywords: Aging, elderly, nursing, psychosocial needs, psychosocial problems

Introduction

As the quality of life increases, the human life span is extended and the population of elderly people increases (Bulduk, 2014; Özerdoğan et al., 2018). Aging is a life-long change and development process. Being elderly is an inevitable and irrevocable period that is comprised of unique biological, physiological, and socio-economic characteristics (Dorri et al., 2019). While the periods of infancy, childhood, adolescence, and adulthood are considered as growth phases, the period of elderliness is usually considered as a decline. Elderliness is a period where an individual suffers physical impairments with a decrease in abilities, is more dependent on the environment, and faces more mental problems. On the other hand, despite physiological issues, elderliness may not be a period of decline, but a period in which psychosocial growth continues (Esmaeilzadeh & Öz, 2020).

The World Health Organization defines aging for those aged 65 and over as "the constant decline of vital functions and efficiency of an individual, and of the ability to adapt to environmental functions" (WHO, 2018). Aging is mainly analyzed in terms of its chronological, biological, psychological, and social dimensions (Demirbilek & Özgür, 2017). It is clear that family structures and society have been affected by the influx of population to urban areas since the early 20th century, and the concept of the extended family has been replaced with the concept of nuclear family. Parents are left increasingly alone and unable to solve problems after their children start working and move out of the house, which generally makes the elderly individuals feel desperate, defenseless, and alone (Karadakovan et al., 2017). Therefore, the psychological needs of aging individuals have become significant and an important social issue. Elderly individuals with difficulties in adapting to new circumstances, slower mental functions, and dependency on others in order to sustain their daily lives may start to have emotional problems such as feelings of inadequacy and uselessness, and it may become easier for various psychiatric problems to emerge (Frith & Loprinzi, 2018).

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Physical changes that occur in aging cause problems in the psychosocial domain as well. Together with the social changes, the increase in the number of elderly individuals and life expectancy requires that relevant measures be taken and that the number of support systems be increased (Esmaeilzadeh & Öz, 2020).

With regard to the status of elderly and aging as indicated under the National Action Plan, the aim is to ensure successful and independent aging in terms of productivity and the physical, psychological, and social dimensions, while the policies and programs focus on improving the quality of life and general health (WHO, 2017). Assisting and supporting the individual who is in a vulnerable phase as a result of changes in their roles and responsibilities during aging, or various negative circumstances such as illnesses and disabilities, is thus vital (Yüksel et al., 2016). The basis of elderly services is to ensure that the elderly feel self-efficient and happy individuals. Having access to such services is a right for elderly people and it is a responsibility of society to provide them. It is crucial for the elderly to be able to live out their lives in a peaceful way so that younger generations can be hopeful for their own future. Hence, the problems of elderly should be evaluated from every point of view (Yüksel et al., 2016).

Within the Turkish Republic of Northern Cyprus (TRNC), individuals aged 65 and over comprised 7.54%, 8.1%, and 10.7% of the total population according to the 2006, 2011, and 2015 data, respectively (TRNC State Planning Organization). In the TRNC, elderly services are provided by the state, and there are public care homes, rehabilitation centers, private care homes, and nursing homes. Additionally, there are "service for the elderly projects" for elderly individuals in many municipalities.

It is crucial that initiatives be provided for the elderly, who form a considerable proportion of the population of TRNC, to enable them to solve their own problems, live independently, and support them as much as possible in participating in society. Such initiatives are vital in positively affecting the quality of life of elderly individuals. Healthy aging is not only related to individual characteristics but also closely linked with support services for the psychosocial, economic, and physiological aspects of aging. Since feelings of physical, social, economic, and psychic inadequacy are more dominant particularly during this period, the services for the elderly must be holistic.

Main Points

- Today, the rapidly increasing elderly population has increased their psychological needs as well as their needs in many areas.
- However, in many countries, aging services may be insufficient to protect and develop the psychosocial skills of the elderly.
- Nurses, one of the important members of the healthcare team, play a key role in elderly care.
- Therefore, for nurses, besides the physical care of the elderly, there is a need for care models related to psychological and social aspects.
- Determining the psychosocial needs will guide the planning of health care system for elderly.

Nurses have a significant responsibility in helping elderly people cope with stress by supporting their adaptation to their level of wellness, illness, or the existing environment and by providing the services they need (Akpınar & Ceran, 2019). Just as in any other phase of life, being elderly comes with new changes, experiences, and problems. Identifying how to handle reactions to aging, maximizing strength, and maintaining the integrity of elderly people would be helpful to the nurses in fulfilling their responsibility (Gorman & Sultan, 2008).

Material and Methods

The research was conducted as a qualitative research. Participants included in the study were elderly individuals living in Dikmen who applied to the health center. Twenty of them aged 65 and over. Psychosocial focus group discussions used to identify their needs and problems. There were two nurses working at the municipal health center, which was located in the center. The villages in the municipality are provided with elderly care services once a month by home visits. Data saturation was reached when the sample had a total number of 20 elderly individuals aged 65 and over who had applied to the health center and volunteered to participate. Three focus group interviews were conducted with each group of six to eight people. The size of the group was suggested to be between 6 and 12 people in the focus group interviews (Çokluk et al., 2011; Gülcan, 2021), 6-8 people were recruited in each focus group interview accordingly. A total of 20 people were interviewed until data satisfaction was achieved.

Before the interviews, all participants were informed about the purpose of the research and the procedures for the interviews and recording and processing of the data, and consent was obtained. To carry out the research, written permission was obtained from the Municipality Directorate (85/18) and approved by the Scientific Research Evaluation Ethics Committee (Reference number: 2015/59-692).

Data Collection

The research data were collected through focus group interview method. The open-ended questions used in the focus group interviews were about perceptions of aging, perceptions about their own lives, opinions/ideas about aging, changes caused by aging, their needs and how they fulfilled their needs, situations that required support, and the situations that affect them at the most. Additionally, there were also questions about characteristics such as age, gender, marital status, having a child, and social security that are considered to have a possible effect on the needs and problems of the elderly. The focus groups were formed with the elderly individuals who met the inclusion criteria. Data were collected between July 6 and 20, 2018, and the needs and problems of these elderly individuals were determined accordingly. The size of each focus group was recommended to be between 4 and 12 people (Gülcan, 2021). For this study, each focus group interview was conducted with six to eight people. In addition to the six to eight elderly people, there were also the researcher and rapporteur. Data

were recorded in writing through the rapporteur. The rapporteur was informed in advance about the aim of research, the interview questions, and how the answers would be written. Before the interview, the researcher introduced himself/herself and provided information about the research, and then the group members were requested to introduce themselves. The rapporteur recorded the answers given by the elderly individuals, and their needs, feelings, and opinions were also recorded. Interviews were conducted with a total of 20 individuals from 3 groups on July 6, 13, and 20, 2018. A meeting room at the health center was used as the location for the focus groups. Each meeting took between 90 and 120 minutes. After each group meeting, the notes taken by the researcher and rapporteur were documented.

Statistical Analysis

The research data were evaluated in two phases: log development (documentation) and content analysis. With regard to the log development, each focus group meeting was documented in writing. Each participant was given a participation code in advance based on his or her residence and gender, and the log development form was converted into a written format. Following the log development, data coding, identification of sub-themes, and organization and interpretation of codes and themes were performed during content analysis. Four experts were consulted with regard to this process in order to ensure the reliability of the categories and sub-themes. The categories and sub-themes were identified in accordance with the expert opinion. Data evaluation, file development (document making), and content analysis were performed.

During the development phase, a written document was made after each focus group meeting.

Results

In terms of the basic characteristics of the participants, 75% were 65–75 years old and 25% were 75 or over; 30% were female and 70% male; 75% of the participants were married, while 25% were widowed; 65% were retired, while 10% were employed; and all the participants had children.

Following the focus group interviews, the psychosocial needs of elderly were placed into four categories: psychological, spiritual, social, and physical needs (Table 1).

Psychological category: The psychological category was divided into the themes of losses, loneliness, risk of depression, and adaptation to being elderly. Under the losses theme, there were the sub-themes of loss of independence and loss of strength. The loneliness theme was divided into the sub-themes of loss of spouse and loss of loved ones sub-themes. The risk of depression theme consisted of the sub-themes of feeling of unworthiness, regret, feeling of inadequacy due to physical problems, lack of hope and sadness, and feeling low energy. Under the adaptation to being elderly theme, there were the sub-themes of positive attitudes/thoughts about being elderly, acceptance, and negative attitudes/thoughts about being elderly.

Table 1.
Following the Focus Group Interviews, the Psychosocial Needs of Elderly

Category	Theme	Sub-theme
Psychological	Losses	Loss of independency Loss of strength
	Loneliness (emotional)	Loss of spouse Loss of loved ones
	Risk of depression	Feeling of unworthiness Regret Feeling of inadequacy due to physical problems Lack of hope and sadness Feeling low energy
	Adaptation to being elderly	Positive attitudes/thoughts about being elderly, acceptance Negative attitudes/thoughts about being elderly
Spiritual	Anxiety about death	Regrets about the past Uncertainty about future Fear of losing loved ones
	Beliefs, values and culture	Opinions about care and nursing homes Opinions about day-care homes Desire of talking about the past-Longing to past (comfort)
Social	Change in roles	Loss of role Becoming grandparent (responsibility) Adaptation to retirement
	Change in expectations	Enjoying of the free time (drawback) Expectations from children
	Family problems	Communication problems with the spouse (inadequacy in family communication) Burden of care due to the health issues of spouse
	Loneliness	Physical burden Social isolation Work environment and feeling of alienating from friends
Physical	Physical losses due to elderliness	Weakness Loss of functional competence Change in body image Not being active
	Illnesses	Inability to manage chronic illness Functional losses Dependent on others

Spiritual category: the spiritual category was divided into themes of anxiety about death, beliefs, values, and culture. The anxiety about death theme consisted of the sub-themes of regrets about the past, uncertainty about the future, and the fear of losing loved ones.

Social category: the social category was divided into the change in roles, change in expectations, family problems, and loneliness themes. The theme of change in roles consisted of the sub-themes of loss of role, becoming a grandparent (responsibility), and adaptation to retirement. The change in expectations theme included the sub-themes of enjoying free time (drawbacks) and expectations from children. The sub-theme of family problems included the sub-themes of communication problems with the spouse (inadequacy in family communication) and the burden of care due to the health issues of spouse. The loneliness theme included the sub-themes of physical burden, social isolation, work environment, and feelings of alienation from friends.

Physical category: the physical category was divided into the themes of physical losses due to elderliness and illnesses. The loss of functional competence, change in body image, and not being active were sub-themes within the physical losses due to elderliness theme.

Some of the statements regarding the themes and sub-themes under the category of psychological needs were as follows:

Losses:

"When you get old, you are not physically sound and strong; this is such a bad feeling. I'm dependent on others, but I still do my own work, what should I do? Should I just sit and wait for other people?" (2K)

"When you get old, you either become weak or sick and you become dependent on a care-taker and children. I don't even go out, I just stay at home. Either my children come and take me somewhere or my friends come and take me to the coffeehouse; I've been wanting to go to Karpaz for long time now, but who would come with me?" (20E)

Loneliness:

"Thankfully my children often visit me. I handle the housework by myself and they help me too. I also have friends and I am not in need of anyone. I can cook and I like it. After the loss of my wife, I did to feel alone, sometimes I feel very bad at nights as if there is something sitting on my chest; I just cry." (5E)

"I started to feel bad after the loss of my spouse; it has been ten years, which mean I've been alone for ten years."(9K)

Depression risk:

"Being old is very bad; the words are not enough. Me and my wife always have problems; we don't have any joy, yet I don't ask for anything."(1E)

"You feel bad when you think that this is what they call life and it is over."(5E)

"Being old is bad, think about it, everything is becoming worse."(16E)

Adaptation to being elderly:

"Actually being elderly is a good thing; of course, it is when you don't have any illness. Other than that, you have grandchildren and it is such a good feeling; for example, if I was not old, I would not be able to sit here right now and just work. I call it 'the second spring.'"(13E)

"I don't like when they call me old."(17E)

Some of the statements regarding the themes and sub-themes in the spiritual needs category were as follows:

Death anxiety:

"I feel anxious that something will happen when my spouse leaves home; I also think about the children too."(11E)

"I suffered a lot; my husband used to drink, he made me suffer a lot; I am fine now, I wish it hadn't happened like this."(8K)

Beliefs, values, and culture:

"It will not be comfortable to have to move. I would want to be in my home. When you are stuck in bed and your child does not take care of you, then you have to live in a care home, but I don't want that either. Then again a carer could come at home, which is much better, but if there is somewhere to go during the day, I might go but I'd have to think about it, there are people that I don't know. I know and I feel comfortable around the people at the coffeehouse. I should try it."(3E)

"Chatting with neighbours makes me happy; we talk about the past."(8K)

Some of the statements regarding the themes and sub-themes in the social needs category were as follows:

Change in roles:

"If there is anything to do to pass the time without making you exhausted after retirement, then that is good; otherwise you would get bored; you'd spend time at the coffee shop. I recommend spending time in the garden."(13E)

"I take care of my grandchild; my daughter works so who would take care of that child. What can she do about it, I sometimes feel exhausted."(8K)

"We got old and a lot has changed in our lives; my wife passed away and I rarely see my children; I have a carer. I even need someone to talk to; my friends come and take me

out otherwise I would stay at home; you can't work anyway as an old person."(20E)

Change in expectations:

"What can an old person do anyway?Just nothing, the men spend their free time at the coffee shop."(14E)

"Someone has to take me to the doctor; there needs to be one person with me to remind me to take my medication; I have many needs during the day. My spouse is very old and children are not always around."(1E)

"I want my children to visit but not only because we want them to. They have things to do. We took care of them, they should take care of us too."(2K)

"I am sorry for my husband; I take care of him and I ask for help from my children when I need to. He would be offended if they didn't come. I can understand them but he doesn't. I am both the woman and man in the house; I would be ashamed of bringing someone into our home to help. I have five children. My husband has not left the house since his surgery. He can't hear that well and grumbles at me. That's the reason that I go to work. At home, he always argues with me. I wouldn't have got married if I knew then what I know now. I said I would not get married then but I did."(2K)

"My spouse's health problems make me very sad. He/she can't walk yet he/she wants to go out for a picnic but he/she can only sit in one place when we go."(13E)

Loneliness:

"My husband is sick and can't walk. He doesn't leave home, it is difficult for him to leave. He uses a walking stick. He doesn't leave the house even though I want to."(1E)

"Yes, I know that he doesn't want anybody to see him using a walking stick, that's why he stays at home."(6K)

Some of the statements regarding the themes and sub-themes in the physical needs category were as follows:

Physical losses due to elderliness:

"I think about the past when I used to do everything by myself, now I ask help from my children."(2K)

"I love nature and I walk as much as I can. I used to eat whatever I want and do sports when I was young. Now I have to track what I eat as I can't walk a lot."(16E)

Illnesses:

"It's very feeling bad. An old person has endless problems. I don't know what to do about the pain in my leg. It is a big problem. It feels like as if my legs are following me."(7K)

"I would say that it is a good thing if I wasn't sick. But an old person has a lot of problems including illnesses. I am afraid of being sick. I don't want to be sick."(12E)

Discussion

When the introductory features of the participants were examined, it was seen that 75% of the participants were 65%–75% and 25% were 75 years old and over, and 30% are women and 70% are men. Looking at the working status of the participants, it is seen that 65% are retired, 25% are not working, and 10% are working. Looking at the participants' status of having children, it was seen that all participants had children. As a result of the interviews with the focus groups, the psychosocial care needs of the elderly individuals were discussed as psychological, spiritual, social, and physical needs. The needs identified in the table are seen as categories, themes, and sub-themes.

Considering the statements, the fact that the participants felt regret, inadequacy due to physical illnesses, lack of hope, sadness, and low energy suggest a risk of depression. Depression is a common psychological disorder in adults aged 60 years and above (Fiske et al., 2009; Şahin et al., 2012; Yui et al., 2017). According to a study by Sucuoğlu conducted in 2012 in urban Nicosia to identify how individuals aged 65 and over maintained their daily life activities and their incidence of depression, the frequency of depression in elderly individuals was 30.9% (Sucuoğlu, 2012).

The individual's assumptions about their future health can be analyzed by identifying their level of satisfaction with their existing age and their adaptation to changes. Akozer assessed aging and the perceptions of elderly individuals and found the perceptions of the elderly toward aging to be negative (13.3%), positive (84.0%), and very positive (2.7%) (Mogaddam et al., 2016). With regard to the statements made, those that reflect anxiety about death, including regrets about the past and losing their loved ones, stand out.

Spirituality, or the world-views and beliefs of individuals, affects their attitudes, beliefs, values, and health across their lives. It can add meaning to life and help people to find meaning in their pain by influencing their capacity to trust, love, and forgive. Spiritual difficulties may arise in different ways (Wong, 2021). It is possible to live a meaningful life when the reality of death is acknowledged (Yalom, 2017). Regrets about the past are considered one of the factors that cause anxiety about death (Sharif Nia et al., 2016). In a number of studies regarding the elderly, it has been suggested that psychological services are provided to enable the aging population to accept and be prepared for death and not to be afraid (Çelebi & Yüksel, 2014).

All of the participants had negative opinions about care homes. Research has shown that elderly individuals prefer to receive care in their own homes. For these reasons, the provision of home care services has become significant. Home care services are provided by professional organizations and include a number of domains such as health, economic, and social services for elderly people who cannot receive such care from their relatives (Spijker & Zueras, 2020).

The focus group members showed a tendency to tell stories about the past during the focus group interviews. Elderly

people often have clear memories of their past lives, and they enjoy remembering their past and sharing these memories with people who will listen to them.

When the statements about social needs were analyzed, issues such as a change in roles, change in expectations, family problems, and loneliness were found. Family and society play a fundamental role in the protection, care, and support of elderly. Although it seems that the spouse has the biggest role in the care of the elderly individual, the children are often expected to fulfil such a role due to the infirmities caused by aging; hence, children become major source of support and communication.

The loss of roles or having fewer roles during the retirement negatively affects the elderly person's sense of belonging to their occupation, family, and society. New and enjoyable activities need to be introduced to replace past activities during the adaptation to elderliness, otherwise feelings of alienation from the society may be experienced and the elderly individual may be left to themselves and feel alone (Rodríguez et al., 2019). When the retirement occurs in an expected and desired way, this does not cause any mental difficulties and one can enjoy being a retired person. The opposite of this situation might cause psychosocial stress. It should be taken into consideration that people who have been forced to retire or whose retirement has not been planned may be at risk of alcoholism and depression. Therefore, it is important that an elderly individual who can work and be more or less productive is able to benefit from this.

With regard to physical needs, there are physical impairments related to being elderly and illnesses experienced. According to Erci et al. (2017) elderly people who had a better ability to care for themselves had better life satisfaction and levels of hope.

The identification of behaviors showing psychosocial problems and the development of effective management skills improve the chance that the patient will get better and minimize the frustration of nurses (Mudallal et al., 2017). Individuals faced with illnesses and difficult situations react differently based on their past life experiences, coping strategies, and characteristics; hence, nursing should use a holistic structure that defines an individual and their own surroundings as a whole.

The health of elderly people should be considered in a holistic way (Esmaeilzadeh & Öz, 2020). In elderly services, a nurse should be aware of being a member of a multi-disciplinary team, know how to handle the psychosocial, emotional, environmental, and physical skills and problems and needs of elderly individuals in order to provide effective and quality care, and should focus on providing psychological support to maintain and develop health.

There is a need to develop practices and methods to minimize the impacts of problems of aging on the daily lives of elderly and to diversify services accordingly. Nurses have a pioneer role in establishing social environments to care for elderly adults, performing psychosocial interventions based on their needs, and being aware of better methods and models that provide a scientific basis to nursing practices. New comprehensive practical models should be developed in order to reduce the psychosocial care needs of elderly individuals. Hence, nurses should have a full and realistic knowledge of the psychosocial needs and problems experienced by elderly and be able to evaluate the factors that affect the mental health of elderly individuals.

Today, the rapidly increasing elderly population has increased their psychological needs as well as their needs in many areas. However, in many countries, aging services may be insufficient to protect and develop the psychosocial skills of the elderly. Nurses, one of the important members of the health care team, play a key role in their care. Therefore, for nurses, besides the physical care of the elderly, there is a need for care models related to psychological and social aspects. Determining the psychosocial needs will guide the planning of health care system for the elderly.

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