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The Impact of Occupational Therapy on the Elderly in Day Care Centres

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Abstract: Aging is a very important and topical issue given the worldwide population`s aging phenomenon. The authors present the results of a research conducted on 127 elderly who attend day care centres in Arad City. They have introduced a sort of occupational therapy for the elderly and have tried to measure its impact on the subjects of their research. Therefore, they have developed a questionnaire with 10 statements referring to various thoughts and moods that had to be ranked by the subjects on the Likert scale with values between 1 and 5. The results were processed with the SPSS 17.0 programme to determine the statistical significance and then were interpreted from the theoretical perspective presented in the theoretical frame of the study.

Keywords: elderly; occupational therapy; therapy impact; therapy statistical significance.

Theoretical frame

Aging affects the social, economic and political structures of the society because the elderly are a minority that most people will be part of.

The influence of aging on health and quality of life outweighs by far the effects of any medical condition because age in itself represents the major risk factor for many severe medical conditions. Aging refers to all temporally determined events that occur throughout an individual`s existence as multiple transformations are to be noticed in terms of physiological processes. These transformations can have a beneficial, neutral or damaging character (Howe, 2000). In our opinion, biological aging cannot be avoided; at most it can be diminished by carrying out sport activities. Psychological aging however, can be strongly diminished by maintaining an active spirit, involved in problem solving and new situations.

The aging process can be divided into psychological and biological aspects of aging. The chronological age is an accumulation of years. A new meaning has been assigned to the phenomenon of population aging along with higher life expectancy and growth of the elderly population and its

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causes. Thus, a new field of study has emerged, i.e. gerontology. Gerontology tries to identify the physical causes and the effects of aging as well as to control the factors that lead towards life reduction.

Social factors play an important role within the psychological dimension of aging. The elderly conduct their lives in limited social contexts; their world becomes narrower and narrower especially after retirement or after the death of friends and family. Their mobility is also reduced, their social role changes and they become less "important. The new roles require a certain ability to adapt and the elderly find it difficult to adapt to these roles as they are very briefly defined. Consequently, they become addicted to the others` opinions and to their way of behaving (Marshall, 1993). It is true that the social role changes especially after retirement but it depends on the elderly`s personality to decide whether to indulge in memories of past social position or to get involved in socially valuable activities such as involvement in volunteering activities or in activities of different foundations which provide social help for categories of people at high risk.

Aging involves the loss of marital and professional role, roles which are replaced by others of equal importance. Therefore, the elderly face the lack of specific norms that would guide their behaviour and the lack of groups to identify with. Having no one to identify with, they turn to the outside, trying to find some landmarks and thus becoming addicted to external sources.

After experiencing drastic changes in their lives, the elderly turn to the younger generation to get directions on how to react. But even the fact that they turn to someone else for help is interpreted as a sign of weakness, of losing their abilities. Being constantly labelled in this manner, the elderly gradually and involuntary adapt the new roles assigned to them and take up appropriate behaviours while giving up on previous behaviours and attitudes. Once the cycle has been initiated, the negative perception of the elderly about their own person strengthens and brings about new difficulties (Rădulescu, 1994). We do not agree entirely with these statements because the attitude of the young towards the elderly has changed considerably in the past years, leading to a sort of partnership between the old and the young rather than to a continuous labelling.

Loneliness and alienation occur when one of the spouses dies, after many years spent together. Such a loss changes substantially the regular way of living. Loneliness is the consequence of lack of communication and closeness. The inability to be sociable and communicative can make a contribution to the development of loneliness, especially with those who suffered a great loss. The best remedy against loneliness is dialogue,

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communication. It involves sharing thoughts, ideas, ideals, hopes and feelings. Dialogue is the path to one`s joy and sorrow.

Community assistance is support for vulnerable people in living their own way of life and also an attempt to engage them in playing a role, as complete as possible within the society. This means supporting the elderly in living independently, in their own homes or in a familiar environment for as long as possible. Community assistance addresses to those who are unable to care for themselves, either because they have been abandoned by their families or because their families are unable to cover their social needs (Gal, 2003). We have always considered that community assistance is a desirable thing and that it is superior in value to institutional assistance because due to it, the elderly are maintained in their own environment, are involved in social life and the effects of hospitalization are avoided, a common issue with institutionalized people.

An alternative for the elderly in difficult situations are the day care centres. Their goal is to prevent institutionalizing the elderly by channelling them towards trust in their forces and improving the life conditions of those in social danger. (Costin, 2008). The author makes a good presentation of the social work system in Romania and we support her idea of integrating the elderly in day care centres and thus diversifying their activity so as to improve the quality of their lives.

Research Hypothesis

We assumed that the introduction of a form of occupational therapy for the elderly in day care centres in Arad would contribute to diminishing their symptoms, improving their mood and changing some ideas.

The work hypothesis led to the following objectives: selecting day care centres where the elderly were selected from; developing the questionnaire on thoughts and affective moods; selecting useful and suitable methods of occupational therapy, collecting data before and after conducting occupational therapy with the elderly; statistical processing and interpretation of results based on the theoretical frame.

Methodology

Studied sample

127 people who attend day care centres in Arad have been included in the study. The sample consists of 73 women and 54 men with ages between 65 and 89 years old. The subjects have been selected based on volunteering and they have been explained the way the research is

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conducted, the possibility to leave the experiment whenever they want to and the significance of this research. We need to mention that none of the subjects left the experiment throughout the research period and none refused to complete the Likert scale.

Methods

We designed a questionnaire with 10 items to collect data and obtain information about the subjects` thoughts and affective moods. The subjects had to rank the items according to their intensity on a Likert scale from 1 to 5 (where 1 means very little and 5– very much). This questionnaire was filled in by the subjects at the beginning of the occupational therapy and 8 weeks later at its end. The research was conducted for a period of two months, between October 15 and December 15, 2016. The scale that we proposed was analysed and accepted by the research ethics commission of the university we belong to.

Ergotherapy was selected as method of occupational therapy to improve the symptomatology. Women were included in weaving and knitting groups (where they manufactured different clothing items for children) and for men we arranged a small carpentry workshop (where they made wooden toys for children). The products were sold during a public exhibition and the money was used to organize a party for the elderly during the winter holidays.

Results and discussions:

The questionnaire consisted of the following items: **1.** I feel marginalized; **2.** I feel depressed, **3.** I have no friends, **4.** I am useless, **5.** I am not understood by others, **6.** I find it difficult to talk to the others, **7.** I have no appetite, **8.** I cannot sleep at night, **9.** I cry easily, **10.** I often get angry. All these items were assessed on a Linkert scale from 1 to 5 where 1 means very little and 5 means very much. The questionnaire was applied to the elderly at the beginning of their occupational therapy stage. The averages scored by the subjects are presented in Table 1 and Figure 1.

Table 1. The averages scored at the 10 questionnaire items before starting the occupational therapy (N=127)

Items	Average
1. I feel marginalized	44,23
2. I feel depressed	34,06
3. I have no friends	48,54
4. I am useless	39,15

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5. I am not understood by others	54,32
6. I find it difficult to talk to the others	28,64
7. I have no appetite	53,41
8. I cannot sleep at night	42,73
9 I cry easily	37,24
10. I often get angry	30,12

The table reveals that the item with the highest score is item no 5– I am not understood by the others (m=54,32). It is followed in descending order by item no 7– I have no appetite (m=53,41), item no 3 – I have no friends (m=48,54), and item no 1 – I feel marginalized (m=44,23). The lowest value is scored by item no 6 - I find it difficult to talk to the others (m=28,64).



Figure 1. The averages scored at the 10 questionnaire items before starting the occupational therapy (N=127)

In most cases, the elderly think that they are not understood by the others because they are still anchored in a world not yet touched by technological and scientific progress and have values considered outdated by younger generations. They believe that lifelong experience entitles them to give advice and criticize the youth`s behaviour and therefore feel disappointed when their opinions no longer count.

It is interesting to notice that items referring to affective mood alternate in values with those referring to somatic conditions. Lack of appetite is mentioned by most of our subjects. However, we shall not forget that at this age, the dysfunctions of different internal organs require a special diet. Then, the necessary number of calories and proteins is lower at this age compared to previous life stages and the elderly person can claim lack of appetite because s/he no longer eats as much as before.

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In terms of friends, i.e. item no 3, the elderly do not have as many friends as before. Most friends are lost after retirement, while death is the cause for the loss of the others. The elderly do not have many opportunities to make new friends. Their schedule is restricted to daily household activities, or maybe shopping, that means places where one cannot make new friends. And yet they feel the absence of friends whom to talk to and be listened and understood by or friends that one can share their memories and experience with.

The last item with high values refers to the elderly` feeling of marginalization. This aspect should be understood from two perspectives: the actual marginalization and neglection as well as increased concern for their person. The younger ones want to relieve them from activities that require physical effort and although their intentions are good, the elderly feel marginalized as they are not permitted to conduct the same activities as before or like the rest of the family members.

The low value scored by items 6 – I find it difficult to talk to the others has a simple explanation. Generally, the elderly break in conversations easily, even with people they do not know. They have always something to tell, are opinionated and want to state their point of view. Communication with them is pretty facile; it`s harder for the other ones to listen to the same stories and opinions.

The occupational therapy focused on ergotherapeutic activities conducted for a period of two months, twice a week, for two hours.

After two months, the subjects were asked to answer the same questionnaire once again and rank the same items at that point. The results of the second evaluation are presented in Table no 2 and Figure no 2.

Table 2. The averages scored at the 10 questionnaire items at the end of the occupational therapy (N=127)

Items	Average
1. I feel marginalized	23,74
2. I feel depressed	26,15
3. I have no friends	37,85
4. I am useless	20,64
5. I am not understood by others	46,02
6. I find it difficult to talk to the others	25,23
7. I have no appetite	34,28
8. I cannot sleep at night	29,24
9 I cry easily	30,09
10. I often get angry	25,72

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It can be easily noticed that the averages are lower for all 10 items at the second evaluation. We observe that high values are scored only by three out of four previously mentioned items. The item referring to marginalization is no longer an item with high values and it becomes one of the items with the lowest values.



Figure 2. The averages scored at the 10 questionnaire items at the end of the occupational therapy (N=127)

We have drawn a table to see the effects of occupational therapy more clearly. The results are presented in Table 3, and Figure no 3 presents the averages at the two evaluations.

Table 3. Compared averages scored at the 10 questionnaire items at the two evaluations (N=127)

Items	Average 1	Average 2
1. I feel marginalized	44,23	23,74
2. I feel depressed	34,06	26,15
3. I have no friends	48,54	37,85
4. I am useless	39,15	20,64
5. I am not understood by others	54,32	46,02
6. I find it difficult to talk to the others	28,64	25,23
7. I have no appetite	53,41	34,28
8. I cannot sleep at night	42,73	29,24
9. I cry easily	37,24	30,09
10. I often get angry	30,12	25,72

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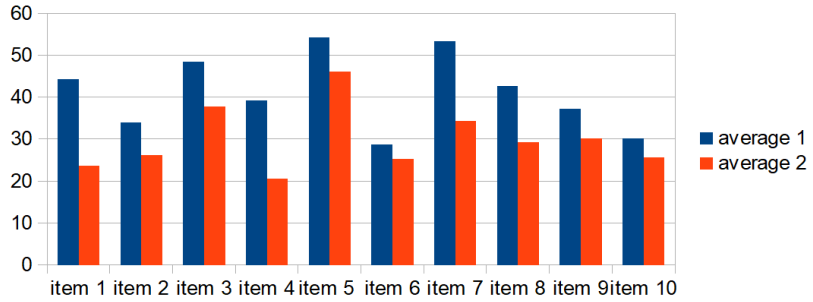


Figure 3. Compared averages scored at the 10 questionnaire items at the two evaluations (N=127)

During the occupational therapy, the elderly felt part of the group they worked with and shared a mutual goal with the rest of the team, i.e. making clothes and toys for children for winter holidays. The feeling of marginalization disappears since they belong to a group now. They build interpersonal relationships, make something useful, valuable for the society and for the direct beneficiaries. Depression signalled during the first evaluation fades away as well, because they no longer have time to feel sorry for themselves as they are in search of new ideas for toys or clothing items.

Friendship relations have developed inside the ergotherapy group and these relations did not exist before. Some of them ended up meeting even somewhere else, outside the day care centre (in town for a cup of coffee) to exchange ideas about what they could achieve during therapy or to share memories.

The activity of all ergotherapy groups was presented as useful with the primary goal to make an exhibition with products that could be bought by parents for their children. The collected money would be used by all participants to organize a Christmas meal. The remaining products would be donated to orphanages and in this manner the group`s entire work would be revalued and the feeling of uselessness would no longer exist. The subjects were happy to take part in an activity that brought happiness to the little ones.

Although still with a high value, the item – I am not understood by the others, does not have the same intensity. Each subject is listened to and considers that s/he is understood by the others within the therapy group. Maybe they still feel misunderstood by family members or the youth they get in touch with in their everyday lives.

Appetite and sleep have improved because the subjects are no longer concerned about their futility and non-value.

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We consider that the occupational therapy activity conducted with the subjects of our sample had beneficial effects on the subjects involved in the research. We have used the SPSS 17.0 programme to calculate the t test and its significance to be sure that the differences between the two evaluations are statistically significant. (see table 4).

Table 4. t test for the difference between averages and its significance for each item

Items	T	p
1. I feel marginalized	3.48	.00
2. I feel depressed	2.47	.01
3. I have no friends	3.52	.00
4. I am useless	3.51	.00
5. I am not understood by others	4.11	.00
6. I find it difficult to talk to the others	2.83	.00
7. I have no appetite	2.11	.01
8. I cannot sleep at night	3.62	.00
9 I cry easily	2.96	.00
10. I often get angry	3.05	.00

For all 10 items taken into consideration, we got statistically significant differences between averages at a significance threshold of $p < .01$. These data confirm the initial research hypothesis, namely that involvement in an occupational therapy programme is beneficial for the elderly in day care centres, causing improvement in symptomatology and affective mood. We believe that our research has a high social significance because it brings new elements that can contribute to improving the elderly` quality of life. The methods that we selected can be successfully used not only in our country but also abroad.

Conclusions

Old age is generally considered a period marked by different somatic and mental affections with an invalidating potential of different levels. However, there are ways and methods that can turn this period into a more active one with involvement in the community`s social life and with favourable consequences on the elderly`s state of mind.

The research presented in this article started from the idea that the elderly`s involvement in occupational therapy activities would improve their symptoms and their mood. It involved a sample of 127 elderly people who benefited from ergotherapy for 8 weeks. They filled in a questionnaire about

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10 symptoms and mood changes that had to be ranked on a Linkert scale before the start of the ergotherapy and at the end of the occupational therapy programme.

The results confirmed our hypothesis as significant improvement was noticed with all items as well as improvement in the elderly`s state of mind.

Acknowledgement

We hereby state that the subjects involved in our research were informed about the voluntary character of participation in this research, about the understanding of information and of that fact that withdrawal from research is possible at any time without negative consequences upon the participant. The research complied with all ethical research standards, the research participants/participants` guardians giving their consent to participate in the research.

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