

The Involvement of Nursing Home Residents as Peers to Support Relocated Elders

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Keywords: Peer Support, Wellness, Stress Relocation, Elderly

Abstract: Peer-support is a substitutional support by trained peers led by nurses to relief stress among the elderly after being relocated to nursing homes. This study aimed to evaluate the results of the development of peer-group support in nursing homes and assess the stress levels of elderly people who were relocated to institutions. This study used a quasi-experimental design and involved a total of 30 relocated elders, randomly selected from UPTD (*Unit Pelaksana Teknis Daerah*) Griya Werdha Surabaya and UPT PSLU (*Unit Pelaksana Teknis Panti Sosial Lanjut Usia*) Pasuruan under the inclusion criteria. They were randomly allocated to both control and treatment groups in equal numbers. Pre-designed and trained peer groups developed and acted as independent variables, and wellness was evaluated as the dependent variable in this study. The data were collected by questionnaire and analyzed by using an independent t-test (selected level of $\alpha < 0,05$). The results showed that pre-designed peer-group support significantly influenced the elderly people's wellness (by $p = 0,000$). However, this discovery requires further analysis as a feasible solution in reducing relocation stress among the elderly in similar settings.

1 BACKGROUND

Relocation stress syndrome is a physiological and psychological disorder that arises from resettlement from one environment to another (Maas et al., 2011). This problem is often experienced by the elderly, who are either forcedly or are willingly moved from their homes to new environments such as nursing homes, retirement villages, hospitals, and houses (Wold, 2012). This is because the process involves changes in life situations that stimulate physical movement and psychological adjustments to new atmospheres. The stress could be even worse for those who had just lost their previous environment or loved ones, causing a lack of adequate preparation and depleting physical conditions and supportive systems.

The common problems that elderly people suffering from this syndrome are feelings of loneliness, anger, anxiety, fear, insecurity, depression, and increased physical complaints and withdrawals (Herdman, 2015). Elderly people who decided to move to a residential institution are prone to suffering from the syndrome due to new environments and socio-cultural differences that

require adaptation in daily living activities. One of the most significant factors that affects the success of relief from the syndrome is linked to a personal desire to accept living in the facility (Ariyani, 2014).

On the other hand, the compulsion of staying in the facility, unresolved anxiety, lack of privacy, and moving to a dependent environment exacerbates the chance of elderly people suffering from stress (Piekarski, 2008). The resettlement causes them to feel separated and outcast from their home, family, the community, their beloved ones, and hobbies and can cause depression, anxiety, and loneliness.

Data obtained from a piloted study determined that 12 out of 40 new residents (no longer than three months from admission) of UPTD (*Unit Pelaksana Teknis Daerah*) Griya Werdha and UPT PSLU (*Unit Pelaksana Teknis Panti Sosial Lanjut Usia*) Pasuruan were experiencing relocation-stress syndrome. They felt uncomfortable because they were unable to carry out their previous work or make friends with other residents. Additionally, residential staff and nurses were not aware that new residents can suffer with the syndrome.

Empowering peers as an substitutional support system in the residential is a feasible option to help new residents recover from stress. This is because

most elderly people who resided in the facility did not have their families as immediate support systems. Peer-group support is emotional and mental support that can be provided by others with a similar background, or who are expecting behavioral or social change. Acceptance and empathy that are built through mutual relationships are fundamental in peer-group support. The sense of having a better future becomes one of the offered benefits from building a good peer-group support system. This study aimed to gain further understanding on how a peer-group as could relieve relocation-stress syndrome among new elderly residents in nursing homes.

2 METHODS

2.1 Study Design

The approach used in this study was a quasi-experimental method conducted pre- and post-test to evaluate the designed treatment. The control group received standard care from the participating nursing home. The experimental group received peer support.

2.2 Study Population, Sampling, and Procedure

Seven cognitively competent volunteers registered themselves as peers and were then trained by the team of researchers to support the subject of this study: the wellness of relocated elderly people. New elderly residents, who had lived for no longer than three months in nursing homes, in Surabaya and Pasuruan, were purposively screened using a translated geriatric depression scale. Thirty elderly people who suffered from and were diagnosed with relocation stress voluntarily participated in this study. The participants were then purposively allocated into each treatment and control group.

The data collection occurred over a two-month period through January and February 2017. The peers attended 60 hours of training, which consisted of tutorial and coaching activities. These peers were then assigned to support the treatment group for two weeks, while the control group were pre-provided with group activities and recreational therapies, which are standard for all residents in nursing homes and institutions. The pre- and post-treatment data were gathered using a wellness questionnaire that was independently developed following the functional consequence theory by the researcher (RI) and was tested for validity and reliability issues.

2.3 Data Analysis

The gathered data were then analyzed using a paired t-test with a selected significant level of $p = 0.000$.

2.4 Ethical Clearance

This study was certified for ethical clearance by the Faculty of Public Health, Universitas Airlangga with the number 424/KEPK, July 1, 2016.

3 RESULTS

This section describes the data gathered in the study, including the demographic data of participants in relation to stress characteristics and wellness distribution before and after the intervention. Seven elders who were recruited as peers were mostly admitted to the nursing home through their own personal will; they had graduated from 6th grade (primary school) as their highest level of education; and they had lived in the institution as residents for longer than one year (Table 1).

These peers were then trained to support other residents who were involved as participants of this study. A total of 30 involved participants were

Table 1: Characteristics distribution of elders who were recruited as peers.

No	Characteristics	f	%
1	Age		
	1. 60–74 years	4	57
	2. 75–90 years	3	43
2	Gender		
	1. Male	2	29
	2. Female	5	71
3	Education level		
	1. 6 th grade	5	71
	2. 9 th grade	0	0
	3. 12 th grade	1	14.5
	4. Bachelor	1	14.5
4	Personal reason of residing		
	1. Personal will	6	86
	2. Had no option	1	14
5	Length of stay		
	1. <1 year	0	0
	2. 1–5 years	4	57
	3. > 5 years	3	43
	Total	7	100

Table 2: Characteristic distribution of elderly people who participated in the study of relocation stress in East Java, 2017.

No	Characteristics	Treatment		Control	
		n	%	n	%
1	Age				
	60–74 years	6	40	7	46.7
	75–90 years	9	60	8	53.3
	Total	15	100	15	100
2	Gender				
	Male	4	33.3		20
	Female	11	66.7	3	80
	Total	15	100	15	100
3	Education				
	Primary	13	86.7	12	80
	School 9 th Grade	2	13.3	3	20
	Total	15	100	15	100
4	Personal reason of residing	4	26.7		33.3
	Desire alone	11	73.3	5	66.7
	Forced			10	
	Total	15	100	15	100
5	Length of stay				
	< 1 month	7	46.7	6	40
	1–2 months	8	53.3	9	60
	Total	15	100	15	100

Table 3: T-Test results in the study of peer support to improve wellness among the elderly experiencing relocation stress as residents in nursing homes in East Java, 2017

Indicator	Treatment group		Control group		p-Sig. (2 tailed)
	Pre	Post	Pre	Post	
Wellness	30.53 ±2.99	36.53 ±4.47	30.20 ±4.02	31.00 ±5.61	0.00

assigned into treatment with the control group at an exact equal number (15 people in each) (Table 2).

The results determined that most participants were female and graduated from primary schools as their highest level of education. Most of the participants were forced by external factors to live in nursing homes. Almost all were new residents and had stayed in the institution for less than two months.

The result of this study shows that trained elders can support their peers and improve the wellness of newly relocated residents (as shown in Table 3 treatment group) significantly when compared with the counterpart group. This indicates the significance

of peer-group support in improving the wellness of residents who experience relocation stress.

4 DISCUSSION

Elderly people who have good cognitive skills have the potential to be peers for other residents in nursing homes. An earlier study reveals that elderly people who have good cognitive skills are most likely to have better social interaction compared with others that have lower cognitive skills (Rosita, 2012). These people have positive emotional attachment with their friends. Moreover, those who are physically active would be good peers for others. This is because physically-active elders are more likely to have better cognitive function compared with the opposite functionality (Muzamil & Martini, 2014). As it is known that physically active people are less likely to suffer from cognitive deprivation, such as dementia, due to sustained brain vascularization, maintained dopamine level, and preserved molecular changes, all of which increase neuroprotective functioning.

The major criteria to become a peer were that the elderly people should have a sense of care and empathy and sensitivity to assist other residents and also build positive social relationships. Facilitators in this study supported them in their roles as peers. This group acted as a substitutional support system for new residents to help them solve problems, strengthen their potential, fulfill their daily life needs, and improve their access to health and social services. This support is fundamental, especially to relieve new residents from relocation-related stress, which can display symptoms of withdrawal and self-isolation.

A state of personal wellness can be identified through assessing one’s independence in meeting his/her daily needs (activities of daily living) and maintaining safety. This is closely correlated with one’s quality of life (QOL) and includes, but is not limited to, independency in feeding, moving, dressing, bathing, toileting, and minimizing their own risks of falling. Decreased physical ability increases the risk of falling in inappropriate features within environments (such as a slippery floor surface, ramp, conventional toilet), and prolonged use of medication (Probosuseno, 2009). Not only does falling impair physical mobility, but also lessens self-esteem and psychological trauma, all of which lead to walking disorders and decreasing QOL (Darmojo, 2009).

Most participants of this study were aged between 60 and 74 years old. Those who were 70 years of age and older have a higher risk of falling

and lose their independency in maintaining QOL (Maryam, 2008). Elderly people could become less self-caring and more dependent on others who are younger and more reliable to remind them of things they should do. The participants of this study incidentally stated that it was not necessary to change clothes or to bathe frequently, since there were not many daily activities to do. Participants perceived themselves as strong and did not need to hold on to hand-rails when using the toilet. This indicates that they were insufficiently aware of the increasing risks of falling. This was shown in their lack of initiative in preserving the cleanliness of the toilet and making personal decisions regarding maintaining a supportive environment (Sommer in Ebersole & Hess, 1990). Presumably, this is due to the cleaning service staff hired to ensure the environment is safe for the residents of the nursing home. Prior to the development of the peer group as the predictor variable, elderly people who suffered from relocation-stress exhibited withdrawn behavior, self-isolation, and avoided social interaction with other residents. These findings lend support to work by Melrose (2004), who explains the characteristics of elderly people with relocation stress as more dependent, confused, anxious, depressed, and socially isolated. They risk their own personal safety due to never asking for help in maintaining their daily living activities. The peers were trained by the study team for at least 60 hours to provide support for new residents exhibiting symptoms of relocation stress. The support consisted of four steps including introducing new residents to a physical and social environment, provision of essential information, instrumental and emotional support, and rewards. The implementation of these steps was closely monitored and assisted for four weeks. This is due to the risk of high tension during the adjustment period, until integration is achieved. Only two participants reject the support; their wellness did not improve. They were older than 75 years of age, and forcibly relocated to the nursing home. They were angry and irritable, which is caused difficulties regarding peer support. Anger is a characteristic that indicates one's rejection of the new environment and the perception that life is a depressive experience. This indicates that the success of peer support is also influenced by one's pre-existing characteristics, social roles, and habits.

The assistance given to the peer group aimed to facilitate supportive interactions between the group and the participants: elderly people suffering from relocation stress. This included the capacity for problem solving, strengthening support, optimizing the potential of available resources, and improving access to social and health services. The four-week assistance was necessary due to the heterogeneity of

the peer elders and novice experience as peers. They required assistance as this was their first time working with stressed peers, who tended to be socially self-isolated and less likely to have social interaction with others.

Knowledge forms one's actions obtained from active interactions, influenced by internal factors (age, intelligence, and physical condition) and external factors (such as information, infrastructure, family support, and the learning process). The information given by elderly peers to stressed residents built fundamental awareness from risks of falling and actions of self-reliance. This learning experience intends to facilitate exchanges of information, decision making, and emotional support to accelerate the positive adaptation process.

The results of this study indicate that peer group capacity development is effective to improve the wellness of relocated elderly people. This finding lends support to previous research by Rash (2007), who states that social support can improve elderly people's self-reliance. The social interaction between peers and stressed elders is a mutual relationship that facilitates a supportive atmosphere and achieves good emotional control. It builds a sense of having friends to rely on, to share stories, attention, and collaborative activities. This leads to acceptance to changes, psychological adaptation, and physical stress disengagement.

5 CONCLUSIONS

The results of this study suggest that peer support is effective in promoting psychological wellness among relocated elderly people. Not only does peer support promote social interaction, but also improves positive adaptation and emotional control. However, these findings suggest further investigation to evaluate other components of relocation-related stress among elderly residents in nursing homes.

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