Original Research Article

A cross sectional observational study of perceived social support, vulnerability to abuse and morale in geriatric patient admitted in tertiary care hospital

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Abstract

Background: The global population of people aged 60 years and older will more than double, from 900 million in 2015 to about 2 billion in 2050. Around 1 in 6 people 60 years and older experienced some form of abuse in community settings as per world health organization. Elder abuse may hampers the morale of elder people social support reduces the effect of abuse. Aim of this study is to assess social support and vulnerability of abuse and its effect in geriatric patients. **Method:** Around 30 geriatric patients in medical care facility were assessed with semi structured questionnaire, Dukes social support index, Vulnerability to abuse scale and Philadelphia geriatric morale scale. **Results:** Most common cause of medical comorbidity was found to be stroke (70%) followed by ischemic heart disease (16.6%) and chronic kidney diseases (13.3%). The participant had moderate social support and low morale. Vulnerability to abuse was 47% and it was predominant in female, unmarried and widowed person. It was directly correlated with low morale and poor social support. **Conclusion:** Medical health professionals should be vigilant about abuse in medically ill geriatric population. Family and social support is needed to geriatric population to lead respectful life.

Keywords: Geriatric patient, abuse, social support

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INTRODUCTION

Various factors like changes in socio-economic conditions, urbanization, globalization, migrations and immigrations, changing cultural factors, growing nuclear families, increase in life-expectancy have created unique problems for older adults and compelled them to lead isolated lives. The global population of people aged 60 years and older will more than double, from 900 million in 2015 to about 2 billion in 2050 as per estimated by world health organization. Some studies have found that the prevalence of lifetime elder abuse across Europe is 34% for psychological abuse, 11.5% for physical abuse, 18.5% for financial abuse, and 5% for sexual abuse, with 4.3% of injuries.[1] Elder abuse as defined by WHO is "a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust and that causes harm or distress to an older person.[2,3] With increase in age , vulnerability to chronic physical as well as mental illnesses increases leading to increase in impairment and disability in geriatric population which in turn increases caregivers burden due to more dependency. Older adults are facing ill treatment in the society by facing

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physical, sexual, psychological, emotional and financial abuses, neglect, abandonment and serious loss of dignity and respect.[3] Studies from some countries have also reported that the larger number of victims of elder abuse concerns women, although different results have been found in other countries as men are more likely to experience abuse in later life, especially financial and emotional abuse.[4] In some studies 50.6% of older women aged 60 years and over have reported psychological abuse, 6.2% physical abuse, and 3.5% sexual lifetime abuse.[5] Moreover, some studies have focused on the buffering effect of social support on elder abuse especially for women,[6] also suggesting that low levels of perceived social support are related to older age and abuse across lifespan, particularly psychological abuse,[7] Evaluation of abuse is difficult as victims are reluctant to admit the abuse and many cases go unnoticed due to lack of vigilance. . The temperament and perception of care givers is extremely important in eliciting abusive behavior from family members.[8] The influence of family, socio-economic status and social deprivation are closely associated with increase in psychiatric morbidity in elderly.[9] The role of social support is crucial in decreasing incidences of elder abuse and increasing chances of reporting such incidences. In addition to role of social support, the value of health care professional in important in identifying and referring suspected or confirmed cases of abuse to appropriate authorities. It is important to understand the factors contributing to the physical and mental well-being of the elderly. Indeed, good health in later life helps the individual remain independent and autonomous, and have a better quality of life. Conversely, the occurrence of chronic diseases seems linked to inequalities in the physical and psychological quality of life among older adults.[10] There is dearth of literature in Indian population especially geriatric medical care setup where health care workers can stay vigilant and provide opportunity for support to geriatric population therefore this study was planned.

AIMS AND OBJECTIVE:

1. To assess social support and morale in geriatric patient admitted in medical care unit
2. To study vulnerability of abuse and its correlate in elderly population admitted in geriatric medical care unit

METHOD

This observational study was carried out at geriatric medical care unit in tertiary care hospital after the approval of the institutional Ethics committee. 30 elderly patients above 60 years of age admitted for acute exacerbation of their chronic illness were assessed after taking their consent with help of semi-structured proforma, Vulnerability to abuse screening scale (VASS), Philadelphia Geriatric center Morale scale (PGCMS), Dukes social Support Index (DSSI). Patient with known cognitive impairment, psychiatry illness, substance abuse were excluded from study. Statistical analysis was done SPSS software. Correlation were carried out by Pearson rank correlation coefficient and group differences were analyzed by Chi square test as applicable.

TOOLS FOR STUDY:

1. **VASS -** Vulnerability to Abuse Screening Scale is a 12 item scale devised by Schofield and Mishra[11] It was used to screen probable abuse in the elderly. Score more than or equal to 4 is highly suggestive of abuse
2. **PGCMS-** Philadelphia Geriatric Central Morale Scale, devised by Lawton.[12] It was used to assess morale in elderly. It is 17 item scale having 3 subscale a. Agitation b. Attitude towards own aging c. Lonely dissatisfaction
3. **DSSI-** Dukes social support Index is an 11 item scale devised by Duke which is used to assess perceived social support. It consist of two subscale. a. Social Interaction b. satisfaction with social support .[13]

RESULT AND DISCUSSION

In sociodemographic data mean age of participants was 67.5(S.D. ±5.1). Majority were from middle class and stayed in nuclear family (66%). Almost 40% participants had some source of income but remaining 60% participants were dependent on family members for their financial needs. Table 1 shows the most common chronic illnesses. When vulnerability of abuse was assessed (Table 2and3.) It was seen that 47% of sample had score of ≥4 on VASS indicating that majority were highly vulnerable to abuse. However none of them directly reported that they were abused. Similar findings were found in other studies, which showed elder citing neglect, loneliness, and feeling of burden and lack of social support but have refrained from terming it as abuse.[14] The survey in 2018 by help-age India stated that despite knowing the methods, the elderly did not recourse to them. Family honor was crucially important to them. It is found that 82% of those abused, never reported the matter because either they wanted to maintain the confidentiality (52%) of the family matter or did not understood how to deal with abusive situation[15] Mean PGCMS score was 6.76 which denotes low Morale of participants. Long standing medical illness and dependency of activities of daily living could have hampered their morale. When the correlates of vulnerability to abuse were assessed (Table 4) a negative correlation was seen between abuse and all the subscales of morale. Poor physical activity is known to lead to low

morale which could have made them more vulnerable to abuse. However there are no studies assessing the correlation of abuse and morale. Dependency on caregivers could have negative impact on attitude towards their own aging and make them feel lonely dissatisfied. A negative correlation was seen between social support and abuse (Table 4) of which those with greater social interaction and more satisfaction with social support expressing less vulnerability to abuse. This was in keeping with other studies.[16] Poor social interaction and lower perceived social support makes the elders more vulnerable to abuse. Improving social network of elders can go a long way in providing buffer to abuse. No correlation was seen between age and abuse (Table 4). This finding was contrast to the result of other studies[17] which found those who are older to be at greater risk of abuse. Older age in addition to decline in physical activity and frailness makes them more vulnerable to abuse. Our sample consisted of those with chronic medical illness which already put restriction on their physical health and activity. Negative correlation of abuse was seen with lower socioeconomic status (Table 4) which is in keeping with findings of other studies.[18] Existing financial condition coupled with the medical illness of elderly may put extra strain on their caregivers who are already battling with limited resource. Among the other socioeconomic variables female and single or widowed elders were significantly more likely to report vulnerability to abuse and low morale which is in keeping with other studies.[19] High morale was observed in elderly males and those who were married. When we studied the correlation of social support on DSSI with Morale on PGCMS table 5) a strong positive correlation was seen which is keeping with findings of other studies.[20] Thus those having better social support experience high morale. Thus a strong correlation of abuse, morale and social support is seen. Improving the social support system is crucial. We need to establish social support system to take care of the vulnerable in our countries. Easy access and health security is empirical to for elderly. There is an urgent need of creating awareness of elder abuse in our community. Neighbors, friends and relative should be encouraged to report elder abuse in the community. The role of health professionals in very important to be vigilant for probability of abuse in their elderly patients and enquire and report the same. Easy availability of helpline, referral services and legal assistance are needed to curb the growing issue of elder abuse.

Table 1: Medical illness of participant

Illness	N	%
CVA	21	70
IHD	5	16.6
CRF	4	13.3
TOTAL	**30**	**100**

Table 2: Scores of scales applied

Scale	Mean	S.D.
VASS	3.7667	2.48698
PGCMS1	1.9333	1.43679
PGCMS2	1.3667	0.92786
PGCMS3	3.4667	2.34496
PGCMS Total	6.7667	3.97998
DSSI 1	7.1000	3.22009
DSSI 2	14.3667	2.80988
DSSI TOTAL	21.4667	5.03596

Table 3: Gender difference and vulnerability to abuse (Chi Square= 6.96, P=0.019*)

	Sex		Total
	Male	Female	
VASS <4	14	2	16
≥4	6	8	14
TOTAL	**20**	**10**	**30**

Table 4: Correlates of vulnerability to abuse

	P	R
PGCMS1	0.011*	-0.458
PGCMS 2	0.003*	-0.529
PGCMS 3	0.0000*	-0.649
PGCMS total	0.000*	-0.67
DSSI 1	0.003*	-0.518
DSSI 2	0.000*	-0.678
DSSI TOTAL	0.000*	-0.710
Age	0.063	0.343
Socioeconomic status	0.025*	-0.410

Table 5: Correlation of social support with Morale

SCALES	STATS	DSSI 1	DSSI 2	DSSI TOTAL
PGCMS 1	Pearson correlation	-0.133	0.339	0.105
	Sig.(2-tailed)	0.485	0.067	0.583
PGCMS 2	Pearson correlation	0.264	0.674	0.545
	Sig.(2-tailed)	0.158	0.000*	0.002*
PGCMS 3	Pearson correlation	0.368	0.701	0.626
	Sig.(2-tailed)	0.045*	0.000*	0.000*
PGCMS Total	Pearson correlation	0.231	0.692	0.534
	Sig.(2-tailed)	0.220	0.000*	0.002*

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