



The social and emotional needs of the geriatric patient in a nursing home
by Karen Teresa Ward

A thesis submitted in partial fulfillment of the requirements for the degree of MASTER OF NURSING
Montana State University

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Abstract:

This study was a descriptive survey of the social and emotional needs of the geriatric patient in the nursing home setting. In order to preclude nurses from stereotyping the elderly individual's needs, the researcher sought to elicit these needs from the aged nursing home resident, himself.

A personal interview based on a forty-item questionnaire was conducted with twenty-six patients residing in one Montana nursing home. Data collected from these interviews described, in part, needs regarding the elderly persons' physical setting, his activity preferences, and his interpersonal relationships. In addition, interviews provided information pertinent to the aged individual's reaction to his illness and his perceptions of need gratification available in his residence.

Major findings of the study were: 1. Patients are generally satisfied with their physical environment.

2. Personal possessions have significant importance in the elderly individual's life although most patients feel that inadequate space deprives them of these possessions.

3. Geriatric patients participate in a minimal amount of activity. These activities, for the most part, are passive in nature.

4. The aged patients continue to enjoy interpersonal relationships with friends and relatives outside the nursing home but prefer not to engage in close relationships within the nursing home.

5. Most patients experience, at least, partial incapacitation due to declining health and fear further physical deterioration.

6. The geriatric population interviewed is generally dissatisfied but resigned to their present way of life; further, they do not perceive nurses playing an active role in ameliorating their situation.

The researcher believed that much of the data elicited from this study could assist care planning in the nursing home for nurses and allied professionals alike.

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by

KAREN TERESA WARD

A thesis submitted in partial fulfillment
of the requirements for the degree

of

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Approved:

Virginia E. Felton
Chairperson, Graduate Committee

Anna M. Shannan
Head, Major Department

Henry L. Parsons
Graduate Dean

MONTANA STATE UNIVERSITY
Bozeman, Montana

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ABSTRACT

This study was a descriptive survey of the social and emotional needs of the geriatric patient in the nursing home setting. In order to preclude nurses from stereotyping the elderly individual's needs, the researcher sought to elicit these needs from the aged nursing home resident, himself.

A personal interview based on a forty-item questionnaire was conducted with twenty-six patients residing in one Montana nursing home. Data collected from these interviews described, in part, needs regarding the elderly persons' physical setting, his activity preferences, and his interpersonal relationships. In addition, interviews provided information pertinent to the aged individual's reaction to his illness and his perceptions of need gratification available in his residence.

Major findings of the study were:

1. Patients are generally satisfied with their physical environment.
2. Personal possessions have significant importance in the elderly individual's life although most patients feel that inadequate space deprives them of these possessions.
3. Geriatric patients participate in a minimal amount of activity. These activities, for the most part, are passive in nature.
4. The aged patients continue to enjoy interpersonal relationships with friends and relatives outside the nursing home but prefer not to engage in close relationships within the nursing home.
5. Most patients experience, at least, partial incapacitation due to declining health and fear further physical deterioration.
6. The geriatric population interviewed is generally dissatisfied but resigned to their present way of life; further, they do not perceive nurses playing an active role in ameliorating their situation.

The researcher believed that much of the data elicited from this study could assist care planning in the nursing home for nurses and allied professionals alike.

Chapter I

THE PROBLEM AND ITS SETTING

INTRODUCTION

The subject of aging has been a topic of many research studies and treatises in recent years. With a steadily increasing life expectancy in our population and the ever enlarging number of patients in our nursing homes, the organized study of the needs of geriatric patients is of paramount importance.

The number of Americans over sixty-five years of age totaled over twenty million by 1973, and is rising by nearly 400,000 each year. The number of older people who have chronic illnesses has grown just as rapidly, so there has been a significant increase in the number of aged individuals who just cannot take care of themselves on their own.¹

Theory supports the premise that basic human needs continue throughout life, but their strength and priority may shift with advancing age and require different means for fulfillment.²

¹Mary Adelaide Mendelson, Tender Loving Greed (New York: Alfred A. Knopf, 1974), p. 34.

²Mary H. Browning, R.N., (ed.), Nursing and the Aging Patient (New York: The American Journal of Nursing Company, 1974), p. 1.

Nursing is considered to be one of the disciplines essential to planning for and implementing the comprehensive care of geriatric patients. In order to stimulate our care planning as well as our motivation in planning, we need to become cognizant of the elderly patients' needs. Instead of merely speculating about the geriatric patients' needs, we need to know what they are as they perceive them. There is, presumably, no one who knows better what his needs are than the person who has them--the patient.

There are primary factors which make nursing of the aged unique. Among these factors are the effect of the aging process; the multiplicity of the older person's losses: social, economic, psychologic and biologic; cultural values associated with aging; and, social attitudes toward the aged.³ The geriatric nurse needs to recognize these implications of aging so that she can offer appropriate services to the elderly and use the nursing home environment as a therapeutic tool in their care.

If nursing is to be more than merely meeting patients' physical needs, it is necessary for nursing to enhance its' understanding of older people's need for

³ Ibid., p. 2.

psycho-social stimulation and emotional satisfaction. With good clues from patients themselves, nurses may be able to see them more honestly and clearly and may not do violence to them as human beings.

Social and emotional needs of the aged residing in the nursing home are basically the same as those of human beings living anywhere. The aged do not suddenly change overnight when a certain number of years have been lived. Essentially, the needs remain the same, although ways in which needs are expressed and means by which they are satisfied may alter greatly. Social and emotional needs are those requirements over and above the basic creature comforts or legally termed necessities. They must be met if a feeling of personal worth is to be maintained.⁴

The need for long-term care in our nursing homes will, in the foreseeable future continue to increase both quantitatively and qualitatively. With this increased need, there must be an increased demand for attention that will provide our nursing home population the maximal benefits which bespeaks the dignity they deserve.

⁴Kathleen Newton, R.N., M.A., Geriatric Nursing (Saint Louis: The C. V. Mosby Company, 1960), p. 48.

In order to deal with a situation that is so universal and important, we must first identify, analyze and appreciate the components which call for attention. To do this effectively we must regard the individual needs of each patient. The provision of care which optimally meets the social and emotional needs of the elderly is not an abstraction; it is, rather, an attainable goal.

The concept of aging with honor and dignity is a worthwhile, inspiring goal. As of now, however, it is still a goal to be achieved rather than a reality to be experienced by our elder citizens. The need to realize it is imperative.⁵

Only when nurses actualize this goal will care to the aged be unequivocal.

STATEMENT OF THE PURPOSE

In this study the researcher elicited data from one Montana nursing home population of geriatric patients in an attempt to describe their social and emotional needs.

NEED FOR THE STUDY

Several factors have exacerbated the need for

⁵Minna Field, B.A., M.A., Aging with Honor and Dignity (Springfield, Illinois: Charles C. Thomas Publisher, 1968), p. 188.

nursing home care among the aged. These factors include an increased percentage of people sixty-five years and older, and changes in the family structure. The literature on quality care in general hospitals is plentiful; however, large scale studies of quality care in nursing homes are just beginning.⁶

Every day 3,900 persons enter the ranks of the aged; every day 3,080 die. Thus, the nation's aged population grows by 820 individuals a day.⁷

These statistics carry significant implications for planning for the aged in the nursing home setting. Isabel Banay, in considering services for the aged, believes that in spite of the immense cost, good care and optimum environment in facilities for the aged, emotional and social needs of the patients are largely neglected. These considerations "lead one to take a more critical look at the way we are attempting to overcome the lag."⁸

⁶Beaufort B. Longest, Jr., Ph.D., "An Empirical Analysis of the Relationship of Selected Structural Factors to Quality of Patient Care in Nursing Homes," The Journal of Long Term Care Administration (Spring, 1975), p. 16.

⁷U.S. Department of Health, Education and Welfare, Working with Older People: A Guide to Practice, Vol. II (Public Health Services, Rockville, Md., April, 1970), p.38.

⁸Robert Kastenbaum, Ph.D., (ed.), New Thoughts on Old Age (New York: Springer Publishing Company, 1964), pp. 206-207.

The nurse is one of the most influential persons in providing the physical as well as the social and emotional care which stimulates these patients to respond to their environment effectively. Nurses have the "special opportunity to become a significant person in the life of [the geriatric patient] in his or her remaining years."⁹

" . . . the average stay in the nursing home is three years--usually the last three years of a person's life."¹⁰

By taking into account the socio-emotional dynamic needs of the geriatric patient, nurses can contribute to his total welfare in multitudinous ways. Once nurses become aware of the geriatric patient's needs through his eyes they can display an empathic regard for the person of the patient. Although studies have not been reported which verify the point, it is generally believed that nursing personnel because of their proximity to the patients and their roles as care providers, are the most important element in producing quality care in the nursing home.¹¹

⁹Robert Davis, "Psychologic Aspects of Geriatric Nursing," American Journal of Nursing Vol. 68 (April, 1968), p. 802.

¹⁰Mendelson, op. cit., p. 14.

¹¹Longest, op. cit., p. 20.

It is the intent of this researcher that nurses recognize the social and emotional needs of the geriatric patient so that they may more fully exercise their psychologic potential in delivering service to those patients.

The roles of the nurse working in a nursing home are multifaceted: she is a provider, supporter, guide and companion through the unknown and unfamiliar, and above all, a fellow human being.

All those working with the aged sick should have as their goal the physical, social and psychological well-being of the patient, and should help the patient take pleasure from everyday life in a meaningful and positive way.¹²

OBJECTIVES

In order to determine the social and emotional needs of the geriatric patient in the nursing home, the researcher sets the following as objectives of the study:

1. Determine the geriatric patient's satisfaction with his physical environment in the nursing home.
2. Identify leisure time activity preferences of the geriatric patient.

¹²Joan Birchenall R.N., M.Ed. and Mary Eileen Streight R.N., B.S.N., Care of the Older Patient (Philadelphia: J. B. Lippincott Company, 1973), p. 60.

3. Determine the interpersonal relationships that exist among the geriatric patients, their families and their friends.

4. Assess geriatric patient's adjustment to illness and/or disability.

5. Determine if the geriatric patient feels that the resources for satisfying his/her social and emotional needs are available to him/her in the nursing home.

ASSUMPTIONS

The assumptions that underlie the structure and methodology of this study follow:

1. Patients' responses are an accurate representation of their perceptions, attitudes, feelings and beliefs.

2. An instrument can be designed and utilized so that the researcher can elicit data required to determine needs.

DEFINITION OF TERMS

In order to clarify terminology used throughout the study, the following definitions were established:

Geriatric Patient.--An elderly patient in need of

domiciliary care and residing in a nursing home. This term will be used synonymously with "aged patient," and "elderly patient" in this study.

Nursing Home.--An accredited housing facility for those aged requiring custodial care and nursing care and/or supervision. This term will be used synonymously with "convalescent center" and "extended care facility" in this study.

Chapter II

REVIEW OF LITERATURE

Although the subject of geriatrics is replete with literature and related research studies, there is a dearth of subject matter which directly addresses the social and emotional needs of the geriatric patient in the nursing home.

In reviewing the literature, then, the researcher attempted to narrow the range of topics. As is evident from the title of the study, the emphasis is on social and emotional needs. This review of literature makes no pretext, therefore, of presenting a comprehensive or well-rounded view of aging.

Some indication of research's lack of specificity in studying the aged is evident in Rhoda Levine's cogent comment:

Probably no other group in America has been more thoroughly studied than the aged and still we find that we actually know very little about this growing segment of our population.¹

¹Rhoda L. Levine, "Disengagement in the Elderly-- Its Courses and Effects," Nursing Outlook, October, 1969, p. 28.

Underlying all the problems of determining needs is the fact that needs interplay, and that the social and emotional needs are every bit as essential as biological ones.

This review of literature is organized according to those indices which the researcher attempted to elicit data about through the use of the interview guide.

PRIVACY

Respect for the dignity of the individual is essential in the creation of a comfortable atmosphere. One way in which this may be demonstrated is in the regard that is shown for the patient's privacy.

The need for privacy should not be overlooked. The older patient may be shy. He may have lived alone or with one other person for years. He may have had his own room. That room, no matter how poor, still ensured a precious, prerogative--privacy.²

Many patients come to the nursing home not only to convalesce, but also, to live; for these individuals, the institution is their home.

²Kathleen Newton R.N., M.A., Geriatric Nursing (Saint Louis: The C. V. Mosby Company, 1960), p. 31.

POSSESSIONS

Private possessions assume great importance as signs of viable social life for some nursing home patients. Both emotional and psychic energies are invested not only in other persons, but also in personal belongings. The lack of accommodations to facilitate patients' possessions in many of our nursing homes, and the consequential loss of familiar and significant objects can be shattering, producing a feeling of defeat, uselessness, and loss of identity. In order to prevent such devastation, Kathleen Newton, among others, suggests that nursing home residents should be allowed, indeed encouraged, to bring some of their favorite pieces of furniture and other marks of personal identity and individuality such as family portraits and knickknacks.³

HABITS: DINING AND SLEEPING

Dining has traditionally taken place in a social setting: most often in the company of family and/or friends. In many nursing homes' attempts to function as a

³Ibid., p. 84.

social microcosm, policies include provisions for all physically able residents to appear for meals together in a pleasant and unhurried atmosphere. This serves, in part, to assemble withdrawn members into the group for short intervals.⁴ In this way, less socially-oriented individuals are afforded an opportunity to be exposed to some group stimuli and thereby possibly profit from this type of social intercourse.

Aged individuals may doze at intervals throughout the day. Consequently, less sleeping may be done at night. Often times the solitude of night hours when the aged are alone with thoughts, marks periods of fears of abandonment and death.^{5,6} These fears are more often felt than expressed and a prudent nurse can sense when a listening ear is more therapeutic than a numbing sedative.

ACTIVITIES

The stereotyped image of the aged individual idly passing the hours in his or her rocking chair is an

⁴Ibid., pp. 83-85.

⁵Ibid., p. 137

⁶Robert Kastenbaum, Ph.D. (ed.), New Thoughts On Old Age (New York: Springer Publishing Company, Inc., 1964), pp. 187-188.

incomplete and misleading one, at best. Society is becoming increasingly aware and sensitive to the realization that there is no age at which it can be said that human function and the pursuit of activity have ceased.⁷

The nursing home's plan of activity for its residents should evidence multifaceted considerations. Among these is the need to take into account individual differences and the altered personal and social situation of the individual.⁸ Implicit in this consideration is the determination of past activities, hobbies, and interests.

In a study of hobbies and hobby participation among the aged by Briggs, Cavan, *et al.*, it was found that a fairly constant number of persons at each level in the older years have hobbies, the percentage running from forty to sixty, with the remainder having no hobbies at all. It appeared from the study that the population without hobbies consisted mostly of retired laborers and unskilled

⁷Barbara R. Tuck, R.N., "The Geriatric Nurse, Pioneer of a New Specialty," RN, August, 1972, 38.

⁸Francis B. Arje, M.A., "Disengagement, A review of the Theory and Its Implications for Rehabilitative Nursing with Geriatric Patients," The Nursing Clinics of North America (Philadelphia: W. B. Saunders Company, June, 1966), p. 238.

workers, whereas the majority of professionally educated retired persons had hobbies in which they actively participated. The researchers, in analyzing the ostensible "loafing" among the retired laborers' group concluded that "because television is so powerful in attracting interest and generally takes up a substantial amount of time each week, other interests and activities are reduced."⁹

No one, young or old, can maintain mental and emotional health without stimulating activities and associations with others. Kathleen Newton suggested that all nursing homes should have recreation facilities. She added that the recreation should include three types: (1) passive participation with others such as watching outside entertainment, (2) alone activities such as knitting or reading, and, (3) group activities such as dancing and group discussions.¹⁰

If patients are provided with no diversions in the form of planned activities or allowed neither an area nor supplies for the pursuit of individual activities, they

⁹James E. Birren (ed.), Handbook of Aging and the Individual (Chicago: University of Chicago Press, 1959), p. 790-792.

¹⁰Newton, op. cit., pp. 82-83.

may be forced to relinquish their sense of accomplishment.

Dr. Klump perceives this loss as having pernicious effects:

I am convinced that if you just sit and wait for death to come along, you will not have to wait long . . . Nature tends to eliminate those who have relinquished their functional usefulness."¹¹

SOCIALIZATION

The literature made copious references to nursing home patients' socialization needs and patterns. There appeared to be two schools of thought regarding the aged individuals' desires to interact with others in their environment. Both theories will be treated in this review.

Disengagement is a social-psychological theory of aging that was developed by Cumming and Henry in 1961 during and as a result of the Kansas City Study of Adult Life. The premise of the theory is based upon what the authors conceive to be a mutual agreement between the aging individual and others in the social system. The authors pose that there is a mutual "withdrawal or disengagement" which is initiated by the aged individual himself or others

¹¹Theodore G. Klump, M.D., "New Horizons in Health and Rehabilitation," White House Conference on Aging, No. 1. Washington: Government Printing Office, 1961, p. 82.

in the social system. They define disengagement as "an inevitable process in which many of the relationships between a person and other members of society are severed, and those remaining are altered in quality."

Three prerequisites present in the aging process, conducive to disengagement according to Cumming and Henry are: (1) an urgent new perception of the inevitability of death; (2) a sense of the shortness of time remaining; and, (3) a subjective, felt need to select priorities for the future. Disengagement, then, according to the authors, is an inevitable concomitant in any situation where an individual feels less bound or committed to the social system.¹²

These authors claimed, further, that the elderly person is not necessarily abandoned by society, but rather chooses to gradually restrict his stimulus intake and that he, himself, reduces his social involvement through interaction with fewer people, qualitative changes in the style of interaction, and increased preoccupation with self.¹³

¹²Elaine Cumming and William E. Henry, Growing Old (New York: Basic Books, Inc., 1961), pp. 13-22.

¹³Arje, op. cit., p. 237.

Rhoda Levine believes that nurses' increased awareness of the disengagement process would assist their planning programs for the aged that would appeal to their individual needs.¹⁴ For example, "since intimacy is not what the disengaged person wants or needs, programs should be structured to provide opportunities for pleasant, but not binding social interaction."¹⁵ However, other authors admonish that nurses avoid the pitfall of taking things for granted as unalterable facts.¹⁶

It may be that the overall social and emotional problems of the elderly are so overwhelming as to preclude conceptualization thereof on behalf of the nurse, and thereby constitute a bar to imaginative and innovative action. It is easier to accept the theory of disengagement as an inexorable part of the aging process.

As a counterbalance to the disengagement theory, Lowenthal and Balser, among others, offer the activity

¹⁴Levine, op. cit., p. 30.

¹⁵Arje, op. cit., p. 242.

¹⁶Gertrude B. Ujhely, Ph.D., "The Environment of the Elderly," Lois Knowles (ed.), The Nursing Clinics of North America, June, 1972, p. 286.

theory of aging which suggests that high morale is sought and maintained among the aged who continue to be active socially and otherwise.¹⁷

Unfortunately, many of these people have a life span that has extended beyond that of their friends and loved ones. Little is being done to foster the substitution of meaningful social relationships in the nursing home. Consequently, the aged frequently experience loneliness and isolation.¹⁸

Another possible explanation for isolationist behavior is that many patients are already bearing such a grief load including grief over their own imminent deaths, that they are not willing to take the emotional risk of establishing a friendship with yet another person who may well die soon.¹⁹

Whatever the cause of the isolation, Birren believes that it is an uncommon phenomenon in a "well-run old people's home." When existent, however, he describes

¹⁷Marjorie Fiske Lowenthahl, M.A., and Deetje Boler, B.A., "Voluntary Vs. Involuntary Social Withdrawal," Journal of Gerontology, July, 1965, p. 364.

¹⁸Joan Birchenall, R.N., M.Ed., and Mary Eileen Streight, R.N., B.S.N., Care of the Older Patient (Philadelphia: J. B. Lippincott Company, 1973), p. 59.

¹⁹Elizabeth Gustafson, "Dying: The Career of the Nursing Home Patient," Journal of Health and Social Behavior, September, 1972; p. 230.

it as a barrier to the achievement of "a sense of significance, of worth, and of belongingness through relating to other individuals and groups."²⁰

Regardless of the theory to which nurses ascribe, they should bear in mind that either process involves transformation in the ways in which a person seeks to satisfy these needs, but it certainly doesn't seem to eliminate them.

RELIGION

The suggestion that religion offers special opportunities for satisfaction of basic needs in later years is supported by a variety of studies indicating an increase in religious interest and participation in religious activities over a broad range of adult years. Birren asserts that for the elderly, religious participation meets a wide spectrum of social, aesthetic, and security needs.²¹

On the other hand, other authors offered contradictory statements about the place of religion in older age, observing that some religious practices decline in the

²⁰Birren, op. cit., p. 857.

²¹Ibid., pp. 858-859.

later years, whereas religious feelings and beliefs ostensibly increase.

Religion, as a set of external extradomiciliary rituals, apparently decreases in old age, while the internal response linked with man's relationships to God apparently increase among religious people. Thus, both disengagement and re-engagement with religion are typical in old age.²²

Whatever the religious convictions and/or practices of the nursing home patients are, it is not the role of the nurse to attempt to change the basic life pattern of a person, but rather, to support and guide him as he moves toward a way of life that accommodates his needs.

FAMILY AND FRIENDS

"Older persons vary in the amount of contact they maintain with their family and friends." Ruth Purtilo elaborates further by describing how many elderly individuals lose a valuable source of natural physical contact and companionship with the diminuation of friendship and family ties.²³

²²David O. Molberg, "Religiosity in Old Age," Bernice L. Neugarten (ed.), Middle Age and Aging (Chicago: University of Chicago Press, 1968), p. 508.

²³Ruth Purtilo, R.P.T., The Allied Health Professional and the Patient (Philadelphia: W. B. Saunders Company, 1973), p. 169.

The importance of family and friends to nursing home patients appears to be equivocal as reviewed in the literature. If disengagement theory is to be believed, the need for social and emotional involvement with family and friends may be less for the aged than for the middle aged and young.²⁴

However, the majority of literature reviewed by the researcher supported Kathleen Newton's premise that continued association with family and friends is essential to a normal personality and visits from them are "one of the most important means of a person's keeping a feeling of personal identity and worth." Hence, the nursing home should welcome and encourage visitors and not restrict visiting hours.²⁵

Because so many geriatric patients have life spans that have extended beyond that of their spouse, parents, and siblings, a major source of familial support is found in the relationships with the patients' children. "Contrary to some of the stereotypes about the rejected old

²⁴Richard A. Kalish (ed.), The Dependencies of Old People (Ann Arbor, Michigan: Institute of Gerontology, 1969), p. 28.

²⁵Newton, op. cit., p. 84 & 150.

person, there is considerable contact between old parents and their adult children."²⁶ Not only are relations with the children the last to decline, but indeed they are actually sustained in old age rather than reduced. These relations are subject, of course, to residential distance.²⁷

Thus, these authors believe that whatever their disengagement or loss of contact with other groups, the aged person's relations with his children are maintained. Consider, however, the numbers of geriatric residents without children "since approximately half of all nursing home patients have no immediate families"²⁸

Newton stated that the nurse should remember that normal people are more interested in people than they are in things. If the nurse can provide for satisfaction of this interest, she has contributed considerably toward the individual's emotional health and happiness.

²⁶Gordon F. Streib, "Old Age and The Family," Ethel Shanas (ed.), Aging in Contemporary Society (Beverly Hills: Sage Publications, 1970), p. 31.

²⁷Irving Rosow, "Old People," *Ibid.*, p. 59.

²⁸Mary Adelaide Mendelson, Tender Loving Greed (New York: Alfred A. Knopf Publisher, 1974), p. 95.

Dear to the hearts of all of us, especially to older people, are bits of news about the people whom we know and the incidents that occur in familiar situations. Only the patient's family and friends can bring him these.²⁹

Unfortunately, old age is a period of losing friends as one by one they scatter or die. As a result, a feeling of desolation and panic often besets the older person as he becomes aware of his aloneness.³⁰

The aged, then, in seeking help through custodial care, begin to seek replacement of a lost social system with the expectation that the institution will relieve loneliness both through increased contact with peers and support by the nursing staff. It is believed that this need develops as a result of multitudinous factors associated with the aging individual's loss of persons who are important receivers and sources of affection, stimulation and assistance.

. . . emotional dependency, in the sense of dependency on others for love and emotional response, is part of the human condition. Man is a social animal. It is in his genes, whatever his stage of development or generational status.³¹

²⁹Newton, op. cit., p. 149.

³⁰Ibid., p. 49.

³¹Kalish, op. cit., pp. 82-88.

