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장기요양기관 노인들의 우울증에 영향을 미치는 요인에 관한 연구

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Research on Impacts of Depression Among the Aged in the Long-Term Care

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요 약

본 논문은 노인 장기 요양기관에서 노인들의 우울증에 영향을 미치는 요인에 관한 연구로서 서울시에 소재하며 노인 장기요인시설에 수용되어 있는 360여 명의 노인을 대상으로 설문조사를 실시하였다. 한국노인복지학회의 통계에 의하면 65세 이상 노인 우울증환자의 수는 13%에 이른다고 보고한 바 있다. 여기에 사회적 지지가 이러한 정서적 불안을 해소하는데 주요한 관건으로 보고 있다. 그 결과 인지된 사회적 지지와 우울증과의 관계가 강한 정을 나타내고, 그 다음으로 건강상태와 우울증이 정(+)의 관계였다. 그리고 높은 건강상태는 낮은 정도의 우울증을 유발하고 네트워크의 크기나 접근의 빈도는 노인우울증과는 관련이 없는 것으로 나타났다. 이러한 결과는 노인 장기요양기관에 종사하는 사회복지사에게 사회사업실천에 있어 사회적 지지 프로그램을 어떻게 실천하여야 하는가를 암시하고 있다.

▸ Keywords : 장기요양보호기관, 제1차 보호, 우울증, 사회적 지지

Abstract

This research study was to examine the relationships of social supports and depression among long-term care center residents. Depression of long-term care center residents is the most common mental health problem confronting older adults. It is estimated that 13 percent of people aged 65 years and over have a major depressive disorder in Korean Society of Welfare for the Aged. Social support is a key ingredient in dealing with emotional distress and a critical in helping people to cope with all kinds of extreme circumstance. As the result of this research, Perceived social support was found to be related to depression. However, network size was not a predictor of depression, and high health status is accounted for a lower portion of the variance in depression.,

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the poor health status was one of the most powerful predictors of depression, From results of this research study, for social workers who are employed institutional-based agencies,

▸ Keywords : long-term care center, primary care, depression disorder

I. Introduction

Amid rapid economic growth and social change, Korean elderly people have been subjected to various patterns of new life situations. In recent years the elderly demographic in South Korea has been growing larger in proportion to the total population. Currently, about 5.85 million people, 11.7% of total population are 65 years old or older. This group represents the fastest-growing are group in Korea population(KNSO, 2011). The proportion of the elderly population is projected to each 15.7percent in 2020 and 24.1 percent in 2030. (National Health Insurance Corporation, 2011).[1] This increase is expected to continue well into the twenty-first century, both in absolute term, and proportionately. At the moment, however, Korea differs from many other nations in regards to the situation of the elderly. According to the 2011 Korea National Statistical Office, only about 5.7percent of the elderly population(32.4 hundred thousand) resides in old-age long term care institutions.[2]

Given the current trend, the number of aged clients dwelling in long-term care home in particular will continue to increase. Due to the sparse population of their network, elderly people in nursing home settings are often lonely or socially isolated. In this socially isolated state, they are deprived of regular and meaningful interpersonal interaction. the most serious consequence of this is loneliness and depression.

Tirrito, Burnette, & Mui, (2010) reports that over a one year period, 13 percent of older adults admitted to care homes undergo an episode of major depression, while additional 18 percent of those who were previously admitted develop new symptoms of depression. At any given time, symptoms of depression affect 20-50% of individuals in care homes(Tirrito et al., 2001). Due to these high numbers, the importance of allaying the social isolation of the elderly population in Korea nursing homes seems clear.[3]

The health benefits of being part of a family or tight community are well known. Social supports has often been advocated as a method of dealing with many of the symptoms of depression. Most research studies have been reported that social support is associated with deceased depression. However, the research regarding social support has not led to a cumulative body of knowledge so far. Among other reasons, this is due to divergent conceptual and operational definitions of social support, cross-sectional data, and samples from groups of varying age, gender, and illness experience. Kaniasty and Norris's (2003)[4] performed a study which reviewed professional studies of social support. They found that perceived support, as opposed to received support, has been more strongly and consistently associated with psychological well-being across the various studies. Several studies indicated that the perception of social inadequate support is a stronger predictor of psychological distress, such as depression than the size of the support network (Henderson, 1981; Vandervoort, 1999).[5][6]

Depression is the most common mental disorder in late life, although estimates of its prevalence also very widely depending on the criteria used to diagnosis.(Arean, P.A. & Unutzer, J. 2003)[7]

Depression was predicted by being older, number of chronic health conditions, grieving a recent loss, fewer neighbor visitors, less participation in organized social activities and less church attendance. Grieving a recent loss, receiving fewer visits from friends, and having a less extensive social network predicted loneliness.

The prevalence of organic mental disorders will increase as the Korean population ages. But older people also suffer from functional disorders such as loneliness, depression, and despair that leads to suicide. These problems have their roots in the persons's social setting as well as the person's

psychology.

In working with elders, it is very imperative that social workers in long-term care homes be able to recognize the factors that pace elders to the appropriate intervention. Therefore, the purpose of this research study is to examine the relationship between levels of depression and amounts of social support among long-term care home residents, and also to explore factors that may show these variables.

Specifically, this research study will examine the relationship between various indicators of social support and depression.

The structure and contents of this study are as follows.

First, depression of long-term care center residents is the most common mental health problem confronting older adults. provides an overview of the Depression and social support surrounding living in the long-term care center.

Second, To analyze effects of variables which influence life emotion of the elderly participants, we performed the multiple regression with independent variables of seven subordinate factors of Pearson correlations among all study variable.

Third, From results of this research study, for social workers who are employed institutional-based agencies, Social support is recognized a key ingredient in dealing with social work practice., the numberous implications of social work practices will be discussed.

II. Literature Review

Depression, anxiety, and personality disorders, such as, paranoia are the three most prevalent forms of late life mental disorders. Of these, depression is the most common. Depression is much more common in the years after retirement, when people may struggle to adjust to a new role and routine in life. The lifetime risk of developing depression is estimated to be between 20 and 25 percent (Schneider, 1995).[8] and 1-4 percent for major depression.(Zalaquett & Stens, 2006; Zarit, 2009).[9][10] For elders, depressive symptoms develop after life changes common in later life, such as the loss of a partner or spouse, retirement, and the development of physical illness. This type of depression occurs within the complex web of biological, psychological, and social changes which accompany old age. According to Schneider(1995), between 30 and 60 percent of elders will experience at least one episode of depression severe enough to interfere with daily functioning. Also, Thompson and Gallagher (1985)[11] report that 15 to 20 percent of older adults experience at least one episode of depression during their life time. Several research studies show that at least 15 percent of community-dwelling elders and one quarter of all nursing home residents, suffer from symptoms of depression. It is estimated that 12 percent of older adults in primary care settings have a major depressive disorder, while estimates for older adults in nursing homes range from 12 percent to 23 percent (Thompson and Gallagher, 1985).[12]

Depression of nursing home residents is currently the most common mental health problem confronting older adults (Tirrito, T., Nathanson, I., & Langer, N., 2001). [13] The signs of depression are sleeplessness, loss of appetite, generalized fatigue, apathy, decreased concentration, and selective memory loss. Elderly people often complain of helplessness, hopelessness, suicidal thoughts, over compliance, feelings of general dislocation, and poor or no self-esteem (Tirrito et al., 2001).

Psychological depression is difficult to diagnose since many of its symptoms are also prevalent in a number of medical conditions, such as brain tumors and minor strokes. Sometimes, depression in mistaken dementia, since both conditions effect the older person's ability to concentrate and remember things.

The risk factors of depression for older adults include simply being female; being unmarried, worried, widowed; experiencing various stressful life events, or having lower levels of social supports (Tirrito et al., 2001). From this list it can be seen gender is one of the South Korea have indicated that the incidence of depression is greater for women than man throughout the life cycle(Hye-Sook Kim, and Jun-Soo Hur, 2010). [14] The higher risk for women generally has been associated with their lower social status. although it has been reported that elderly women are diagnosed with more frequently than their male counterpart, this does not necessarily imply that older women suffer from depression more often than their male equivalents. It is possible that elderly female are simply more likely than

elderly men to seek treatment for emotional problem and thus come to attention of the mental health system.

Another risk factor for depression is poor health. Several researcher studies have reported that poor health factor can have significant negative effects on depression. Kenny, Kelman, and Thomas (1990) report that increase in disability and decline in health among elder community residents were the strongest determinants of depression.

Chronic financial stress and loneliness are also powerful predictors of depression in later life. When elder living alone fail to maintain social contacts, or when social support system dwindle as their friends and family members die, elders are at higher risk for depression..

Social support has been understood as a multidimensional construct (e.g., Cutrona & Russel, 1990; Zimet, Dahlem, Zimet & Farley, 1998). In regard to measures of social support, in general, social support is categorized as either received vs. perceived or structural vs. functional (Bates & Toro, 1999). In social support research, there is a distinction between received social support and perceived social support. Received support is defined as support that an individual has actually received, while perceived support is the belief that support is available (Barrera, 1986). Turners (1998)have reported that perceived social support is a predictor for psychological well-bing. Research evidences also tend to suggest that perceived social support, rather than actual received social support, is more strongly related to life satisfaction (Barrera, 1986 & Earls, 1988). Structural aspects of social support include such dimensions as "size," frequently of contact," and "regularity of contact", while functional characteristics of social support are related to the availability of certain types of support, including "advice and feedback." "tangible assistance," and "emotional support" (Stain & Rappaport, 1996). Earls .(1988) have indicate that frequency of social support was related to individual's depression. Different sources of support(i.e., family and non-family)may have different effect on individuals' psychological distress. support from staff and friend have been found to affect individuals' psychological distress through different ways. Regarding support from friends, degree of emotional support seems to have high predictor for people' psychological distress, such as depression. Unfortunately, because of divergent conceptual and operational definitions of social support, cross-section data, and samples from groups of varying age, gender, and ilness experience, the research regarding social support has not yet led to a cumulative body of knowledge.

This is doubly unfortunate because social support has been considered one of the most important factors in maintaining psychological wellbeing. (e.g., Cohen & Syme, 1985; Koeske & Koeske, 1990; Quitter et al., 1990; Suarez & Baker 1997; Williams , Ware, & Donald, 1981).[15] The impact of social supports has been discussed with regard to the different dimensions of social support (e.g., Cutrona & Russell, 1990; Zimet et al., 1988). For instance, in the Kaniasty and Norris's (1993) study reviewing professional studies of social support, it was found that perceived support, when compared with received support, was more strongly and consistently associated with psychological well-being across the studies. Several studies indicated that the perception of adequate support was a stronger predictor of psychological distress such as depression than the size of the support network(Cohen & Syme, 1985; Henderson, 1981; Vandervoort, 1999) research studies on network structure focus on who is providing the support, as well as other dimension. Primomo, Yates, and woods (1990) investigated the correlation of types of support with support from partner, family , friends and other on depression. they found that lower level of depression were associated with more effective support and reciprocity from the partner, more effective support from family.

III. Study Design

1. Sample

Three hundred sixty questionnaires were distributed to the senior citizens through thirty public or private institutes of long-term care in the Metropolis of Seoul, South Korea between May and December, 2011. A total of 360 questionnaires were sent to elderly people of long-term care institutes and two hundred sixty-eight questionnaires were

mailed back. Of these 268 questionnaires , 8 surveys were eliminated from the analysis because a preponderance of the participant's data was missing. An overall response rate of 86.7 percent. Researchers for this survey are composed social workers helping the elderly respect institution registered to a local branch of the Korean Social Welfare Association. The recovery of the questionnaire was not done the investigation at a time, took place in three phases. Due to the lack of participation in the program of the elderly, Return the questionnaire of respondents was delayed. So the survey period was extended.

2. Measures

2. 1 The center for Epidemiological studies depression scale

The depression was assessed using the Center for Epidemiology Studies. Depression Scale (CES-D Radloff, 1977). The CES-D is a 20-item scale that was designed to measure self-reported depressive symptoms. Responses were coded on a four-point Likert scale, ranging from zero (rarely or none of the time) to three (most or all of the time). The CES-D has very good internal consistency with alphas of .88 for the general population and .92 for the psychiatric population (Fischer & Corcran, 1994). in this study, the Cronbach's alpha for the CES-D was .92)

2. 2 The Multi-dimensional Scale of Perceived Social Support

Perceived social support was measured by the Multi-dimensional Scale of Perceived Social Support (MSPSS Zimet et al., 1988). the MSPSS is a 12-item measure that comprises three facets; support from family, support from friends, and support from significant others. Participants are asked to rate their degree of agreement on a 7-point Likert scale, ranging from one (very strongly disagree) to seven (very strong agree). The MSPSS has excellent internal consistency, good test-retest reliability and adequate construct validity (Zimet., 1988). In this study, the cronbach's alpha for the MSPSS was .93.

2. 3 Norbeck Social Support Questionnaire

Size of social network was measured using the Nebeck Social Support Questionnaire (NSSQ Nobeck, Lindsey, & Carrieri, 1981) The NSSQ has several subscales such as extend of perceived emotional support (e.g., affect, affirmation, and aid) and network structure (i.e., size and frequency of contact). The NSSQ has good test-retest reliability and adequate construct validity (Norbeck et al., 1981; Norbeck, Lindsey, & Carrieri, 1983). For this study, network structure questionnaires of the availability of existence of the social support network were used[16]

In addition, research participants were asked to provide demographic information. The participants were asked about their age, religious affiliation, education level, number of children, staying of years in care center and current health status. Participants were also asked to rate their health status.[17]

IV. Empirical findings and discussion

Of these 260 elderly people, the majority (90%) were female. The respondents had a mean age of 79 years (SD = 5.46). The majority of respondents (65%) were between 76 and 85 years old. Around 19% were over 86 years old; while 16% were under 76 years old. Approximately 72% of the respondents were home, While 28% were not family.

Table 1. Respondents By Gender, age, and family

		Percent(%)	Total(%)
Gender	Male	26(10)	260(100)
	Female	234(90)	
Age(years)	70~75	42(16)	260(100)
	76~80	79(38)	
	81~85	70(27)	
	over 86	49(19)	
Family	have	187(72)	260(100)
	have-not	73(28)	
Religion	have	186(72)	260(100)
	have-not	74(28)	
education level	have-not education	35(14)	260(100)
	secondary education	183(70)	
	more than college	42(16)	

1. Primary analyses

The mean for depression measured by CES-D war 29.06(SD = 8.88). Using MSPSS, the mean score for

perceived social support was 46.10 (SD= 7.48).

Participants had a mean network size of 6.75 (SD = 2.38). The elderly people in nursing home appeared to rely heavily on their informal network of support.

The table 2 indicates the relationship between three sub-scales of perceived social support and depression. Although the influence of friends and significant others is considered secondary to that of the family, those people should be very important resources who are need to operate as support groups for elderly people in nursing homes.

In Table 2, it can be seen that there were subscale means differences among sub scales of perceived social support and depression. Social support form friends was one of the most important predictors for depression of the elderly people.

These three major sub-scales have a moderate relationship to the level of depression. Thus, higher perceived social support rates (all three sub scales) are associated with a low level of depression. In other words, research participants who have high perceived social support tend to report low levels of depression.

Table 2. Pearson Correlations: Perceived Social Support and Depression

Perceived Social Support(Sub-scales)	CSE-D (Depression)
Family	-.34**
Friends	-.48**
Significant Others	-.42**

** p< .0 1 * p<.05

Correlation coefficients among the demographic variables, social support variables, and a dependent variable were examined. The Pearson's product-moment correlations were examined for continuous variables and point serial correlation were examined for dichotomous variable. Bivariate correlation between dependent variable and demographic variables shows that the staying of elderly people' age (r = .27, p =.001) and respondents' health status (r = -. 421, p < .001) were significantly related to elderly people' depression. However, there was no significant relationship between depression and the following variables: participant's education

The seven major important variables were examined by Pearson's product-moment correlations. As shown in Table 3, the strongest relation was between perceived social support and depression (r = -.48, p = .001). The next strongest correction was between health status and depression(r = -.42, p = .001). Thus, a higher health condition is associated with low level of depression. Surprisingly, the number in network and frequency of contacts were not related to elderly people' depression.

Table 3. Pearson correlations among all study variable

Variables	1	2	3	4	5	6	7
1. Age	1.00						
2. Health	-.095	1.00					
3. Staying	-.033	.034	1.00				
4. Network	.250*	-.236**	-.017	1.00			
5. Contact	.007	-.034	-.167*	-272**	1.00		
6. MAPSS	.162	.245**	.176*	.282**	-.178**	1.00	
7. CES-D	-.270**	-.421**	-.121	.016	.014	-.480**	1.0

2. Premonition of depression

Table 4 summarizes a series of two hierarchical multiple regression analyses to assess to predict depression. In the first step, age, level of education, period of staying in institutional care, money, and health status, were entered. Some demographic variable such as age, period of staying in institutional care, money, and health status do account for significant amounts of variance in depression of elderly people in long-term care homes. The R square value for demographic variables is .28, which means that the independent variables in regression collectivity explain 28% of the variance in depression, and health status is accounted for a larger portion of the variance in depression.

In the second step, in addition to demographic background, social variables were entered the results of hierarchical regression analysis predicting change in depression are presented in table 4. the R square is .47, which means that the independent variables in regression collectively explain 47 of the variance in depression, and

perceived social support is accounted for a larger portion of the variance in depression (B= -43, p=.001).

Higher levels of perceived social support were associated with lower levels of depression. Size of network or numbers of network are not an important predictor for depression. Social support variables accounted for an additional 17% of the variance beyond that accounted for by demographic variables. Gerontologists distinguish between social isolation and loneliness. Social isolation refers to the decrease in social contacts that often come with age(Hall & Havens, 2002). Widowhood, the deaths of friends; these events can lead to social isolation. Loneliness comes about when a person feels a relational deficit or a gap between the number of relationships desired and the number he or she(Weiss, 1973). Loneliness refers to a dissatisfaction with the quantity or the quality of social relationships(Hull & Havens, 2002) [18]

Table 4. Hierarchical Multiple Regression Analyses Predicting Depression

Background variables & Variance	B	R2	R Change	F
Step1 : Background variables	.21**	.28	.28	9.29***
Age	.07			
Level of education	-.14*			
Period of staying in institutional care	-.23			
Money	-.43			
Heath status	-.45			
Step2 : Background variable and	.28***	.47	.19	22.26***
Social support variables		.17		
Age	.09			
Level of education	.04			
Period of staying in institutional care	-.06			
Money	-.24**			
Health Status	-.35***			
Size of network	-.08			
Perceived social support	-.43***			

Note: * p <.05** p<.01.*** p<.001.

V. Discussion and Conclusion

This research study illuminate numberous implications for social workers who are employed in institutional-base agencies. The research results showed that respondents reported greater levels of depression than expected or desired. Depression is a risk factor for suicide in order people, particularly for people over old aging . (Nan R. Hooyman & H. Asuman Kiyak, 2010). In fact, the long-term care center environment is socially sterile or isolated, which causes most of the aged long-term care center clients to spend their times watching television lonely. When elders are bored with the environment, this emotional isolations can cause psychological depression. However, for social workers, it is important to remember that elder's depression should be viewed as a serious condition that requires expert attention. The depression is not a normal or necessary part of aging. It is also important to remember that often depressed elders are reluctant to talk about their feeling, and only a small percentage of elderly people get the help they need. Untreated depression poses serious risks for elderly people. Social workers are employed in nursing home setting where they play a major part in the treatment of those elderly who are suffering from depression. Helping depressed elders engage in religious activities and social activities can be effective in treating depression.

The results of this research also showed that level of education, and period of staying in institutional care do not contribute to higher levels of depression. In this research study, those at the highest risk for depression include those with poor health status, inadequate perceived social support, and financial problems. Gallagher and Coon(1996) indicate that chronic financial stress and physical illness are some of the more powerful predictors of depression in later life. Elders may become depressed when they have a chronic illness or an health problem. It is estimated that 50 percent of older adults who have a chronic physical illness may have a major depressive (Schneider, 1995). Much of the depression that surrounds physical illness is due to the accompanying changes in an elder's ability to carry out the activities of daily living. Furthermore, the subsequent dependency generated by loss of those abilities contributes to an elder's feeling of being useless. Therefore, increasing an elder's sense of control over life and self-confidence in one's ability to manage one's life may be among the best treatment options for depressed elders.

The results of this research also showed that perceived social support was one of the most powerful predictors of reduced depression. Halbfinger (1976) indicated elders in nursing home become depressed and hopelessness when they are not provided with social supports. The absence of social ties, or social isolation, may be a stressor in itself, producing chronic depression. Therefore, social supports can be one of the most important factors when attempting to minimize helpless and hopeless feelings. In the literature of social support, social relationships are considered to enhance the feelings of self-worth, self-esteem, and the sense of well-being that comes from feeling valued by meaningful others. The care center must provide a stimulating living environment. A variety of opportunities for active emotional and social involvement must be made available to elders. Elders who perceived themselves as useless and unworthy must achieve an adequate level of self-esteem, and socially inactive elders must develop the motivation to interact with others. The most important parts to elderly men to seek treatment for emotional problem and thus come to attention of the mental health system.

Another risk factor for depression is poor health. Several researcher studies have reported that poor health factor can have significant negative effects on depression. Another increase in disability and decline in health among elder community residents were the strongest determinants of depression.

Chronic financial stress and loneliness are also powerful predictors of depression in later life. When elder living alone fail to maintain social contacts, or when social support system dwindle as their friends and family members die, elders are at higher risk for depression.

Even though this study highlights the importance of social support, network size was not found to be a factor that influences the elder's depression. It implies that not only building the social network, but also providing supports that the meet the elders' needs, is important. Therefore, social worker need to assess whether the elders receive adequate supports from network members. This research study found that all types of social supports from network members. Change in depression was associated with cognitive status, functional disability, and physical health. In general, persistence of depression was associated with greater decline, although patterns differed somewhat for the three functional indicators. Clinical and research implications of researched findings are discussed, revealed that the caregivers experienced significantly more depressive symptoms than the general population. However, the effect disappeared when other variables were taken into account. Life stress appeared to be more important than coping and social support. The other two common correlates of depressive symptoms were age and being unmarried. Relational stress mattered especially for caregivers. Lastly, social support variables were significant only for the general population. satisfaction with support could buffer the negative effect of survival stress on depressive symptoms.Associations with a comprehensive set of risk factors were not affected dramatically by age or sex. However, comparing major to minor depression, risks were substantially differently distributed. It appears that major depression is more often an exacerbation of a chronic mood disturbance, with roots in long-standing vulnerability factors; while minor depression is more often a reaction to the stresses commonly experienced in later life.

This research study found that all types of social support are not equally helpful in diminishing depression of elders in the long-term care center. This research study investigated the correlation of types of social support from partners, family, friends, and significant others on depression. The results of this research showed that lower levels of depression were associated with more effective support from friends, and less confiding with family and significant other. When elders in nursing home consider the quality of their relationships with their friends, their perceptions of that relationship are more strongly associated with their feeling of depression. these findings provide clues for intervention efforts for practitioner working with elders in nursing home.

This research study has several limitations. One of the major limitations was the sampling techniques. Since this research study used a connivence sampling method and did not use randomly or stratified sampling methods, it failed to ensure inclusion of elders representing long-term care center of all geographical areas. Thus, it is difficult to

generalize these results to other elders. Social support is a key ingredient in dealing with emotional distress and a critical in helping people to cope with all kinds of extreme circumstance.

The major goal of social work practices is enhancing the relationship between clients and social environment. The assessment about the effect of social support on clients' psychological distress should be very important. Future studies should systematically examine structural and functional social support that could reduce clients' psychological depression and provide a better understanding of exactly what type of social support interventions are best for reducing specific types of presenting problems and depression.

This study has some limits as followings:

At first, there may be some problems like a distortion of relations between variables because the data collection method was a self-report questionnaire based on their subjective perception. Second. there may be some limits of generalization because the was collected through limited community study.

Third, is possibility of exclusion of other important variables besides independent variables which were set under the theoretical view. Therefore, the next succeeding studies are required to have various methods and research model for overcoming these limitations.

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