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Interdependence in Malay Older People who live in The Institutions: An interpretative phenomenological analysis

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Abstract

The aim of this study is to identify the benefit of interdependency in Malay older people who live in the institution. A qualitative approach has been used and in-depth semi-structured interview was conducted to three older people who lived in the institutions. The transcript obtained was analysed using the six stages of Interpretative Phenomenological Analysis (IPA). One superordinate theme was emerged from that interview; life satisfaction. The superordinate theme was represented by two master themes that were “Alhamdulillah” (Contentment) and “Redha” (Acceptance). These themes facilitate the sense of the quality of life among older people in the institution.

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1. Introduction

There are several issues affecting older people in Malaysia and the issues are mostly related to the (1) deterioration in health conditions (either physical and or mental health), (2) emotion problem (such as social isolation, loneliness, anxiety, depression and stress), and (3) financial difficulty and working in elderly stages. In addition, increasing in age is often associated with increased disability and risk of diseases (Lee and Khair, 2007; Momtaz et al., 2010). A number of sources point out that there are deteriorations in health status amongst the

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elderly people in Malaysia as a result of musculoskeletal problems (Lee and Khair, 2007), cardiovascular problems (Teo et al., 2011) and cognitive impairment (Sherina et al., 2006; Zaiton et al., 2009) which subsequently leads to deterioration in physical, mental and psychosocial functions. Functional deteriorations often caused elderly people to become dependent or interdependent to other people in order to successfully engage in daily activities.

Populations of older people were increasing rapidly throughout of the world. Malaysia is going to be an ageing country by the year of 2020 (Pala, 2010; United Nation, 2009). This trend has created a growing demand for care and will affects the healthcare services in terms of the use of health resources and increase in the government expenditure for health services. According to Department of Statistics Malaysia (2012), total population in Malaysia has increased from 26,831,300 people on 2006 to 28,334,200 people on 2010. From this figure, total older people on 2010 are 2,251,300. Ministry of Health Malaysia stated that older people that 60 years and above was 5.7% (745,200). It has increased to 6.2% or 1.5 million in year 2000 and expected to reach 10% or 3.4 million by the year 2020. By the year 2035 Malaysia will become an ageing country where 15% of the total population are older people (United Nation, 2009).

Recently, the pattern of caring for elderly people is changing, aligned with the migration of the younger population to the urban area. Subsequently, many ageing parents who has deterioration in health conditions has to be send to elderly institutions, either public or private institutions. Harian Metro (2010) reported that on June 2010, there was 2,084 elderly residents in Malaysia are registered to institution which is supervised by government. This number represents an increase of 13.7% from the previous years.

Recent studies found that relocation to elderly institutions is an appalling experience that may affect their physical and psychological health (Dragest, 2004; Luo et al, 2012). Elderly feel that they are not given enough support and autonomy to make decision in life. Furthermore, the residents of institution may experience a sense of loss due to separate with their children, relatives, friends and neighbors. This can lead to feeling of loneliness and isolation (Dragest, 2004). Loneliness is a serious problem for older people in institution and Weeks (1994) reported that 40% of elderly population in United States dealing with this problem. The results study by Berg et al. (1981) have shown that loneliness have affect daily life of 24% of older women and 12% of elderly men in Sweden that live in institution. The symptom is a serious concern because some studies found loneliness with case of suicide physical illness and depression (Creecy et al., 1985).

Older people in institution who have not visited by their family members or relatives were found to be lonely as compared to an older people in community who stay with their family (Berg et al., 1981). They always hoped that their children, relatives, and friends would visit them. Unfortunately they are often neglected. Thus, their lives in institution will be less satisfaction in quality of life, quite, and empty (Feldman, 2003). This situation may lead to interdependency with other residents and staff in the institute (Holmas et al., 2013). The word interdependency is defined as a shared dependence or the action of being joined together with a common bond and an individual's offering and receiving love, admiration, and value (Beeber, 2008). To older adults, interdependence is the act of seeking support through the development of reciprocal relationship (Del Aguila et al., 2006).

Studies in Asian countries such as China, Singapore, Japan, Taiwan, and Hong Kong indicate that independence is less important to maintaining harmony (Lee, 2010) and interdependency between family members, friends, and children contribute to quality of life (Lee, 2010). Thus shows that there is culture conflict in occupational therapy practice as a result of cultural differences in relation to independency and interdependency. This may lead to an unsuccessful in implementing occupational therapy rehabilitation program for elderly people. Previous studies indicate that there are several benefits of interdependencies between residents. Its promote socialization and establishment of a meaningful relationship (Meeks and Looney, 2011). Meaningful relationships increase participation in activity, produces positive affect, provide feelings of being valued, intimacy and develop a sense of involvement and contentment (Shattell, 2004; Pearson and Fitzgerald, 2003; Stabell et al. 2004; Berglund and Kirkvold, 2007; Wilson and Davies, 2009) and assist in the process of thriving within the institution (Abbott et al. 2000; de Veer and Kerkstra, 2000; Kane, 2001; Berglund and Kirkevold, 2007; Dupuis-Blanchard et al. 2009; Wilson and Davies, 2009). Furthermore, interdependency between family members such as children, grandchildren as well as former friends contributes to quality of life among older people in Eastern countries (Tseng and Wang, 2001; Lee, 1997; Lee, 1999; Tu et al. 2006; Lau et al. 2008; Lau and Chi, 2008; Lee, 2010; Tse, 2010; Berg, 2011).

Furthermore, interdependency as a life-style approach increases productivity and life satisfaction amongst people with disability (Carnaby, 1998; Gooden-Ledbetter et al. 2007; White et al. 2010), help to decreased depression

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