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RESEARCH ARTICLE

A CORRELATIONAL STUDY ON FUNCTIONAL AUTONOMY AND PERCEIVED FAMILY SUPPORT AMONG ELDERLY PATIENTS IN SELECTED HOSPITAL, HOSHIARPUR, PUNJAB

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ABSTRACT

Elders are the pillars of the family, need support and care from the family to strengthen their autonomy and self esteem. As physical deterioration progresses with age, elders encounter more loss of function and greater inability to cope with stressful events. In this stage of life family support can help to establish a good coping environment. A non experimental correlational research design was used to achieve the stated objectives. Sample comprised of 100 subjects. The study was conducted in OPD of civil hospital, Hoshiarpur. Target population comprises of elderly patients more than 65 years of age attending OPD in civil hospital. Purposive sampling technique was used to select adequate size of the sample. Assessment of the functional autonomy was done with the help of standardized rating scale-SMAF and assessment of perceived family support was done with the help of standardized rating scale- TFSS-EP. Analysis was done using descriptive and inferential statistics. Findings shows that 69 % of the elderly are having level 1 functional autonomy means they need only supervision or stimulation. Similarly as per perceived family support 53% are having good family support. So, nearly half of the elderly reported good perceived family support. Functional autonomy and perceived family support have been found positively correlated. Majority of the elderly patients had level 1 functional autonomy. Nearly half of the sample is only getting good perceived family support and both functional autonomy and perceived family support are positively correlated.

INTRODUCTION

Elderly are the backbone of family to support and need to have support back for their autonomy in all aspects of achieving maximum health. The elderly, or those older than 65 years, currently represent 12.5 percent of the total population. A number of known physiological changes occur with aging, including reduced muscle strength and aerobic capacity, vasomotor instability, baro receptors insensitivity and reduced total body water, reduced bone density, reduced ventilation, and reduced sensory capacity. Co-morbid conditions and chronic illness may heighten these changes. Muscle mass and muscle strength are reduced with aging and contribute to a reduction of physical activity. With aging, alterations in autonomic function, including baro receptor insensitivity occurs. In the Indian culture, the family is the center of all social organizations. The family is considered a natural and spontaneous support system. It is characterized by natural attachment and reciprocal obligations, which serve various functions of support to all family members. At the core of the Indian family system is respect for elders and filial piety.

It emphasizes that adult children care for their elders at home is in accordance with filial devotion and obedience. Respect for elders and support of the age dare social values that promote caring relationships between adult children and older parents. In this cultural practice, adult children have a strong responsibility to support and invite their parents to live with them once their parents become old and weak (Butterfill, 2002). Support can be categorized into structural and functional aspects. Structural aspects of support are concerned with integration of the person within the support network, while functional aspects of support are concerned with the function or role served (i.e. what actually is gained or believed to be gained). Functional aspects of family support refer to the type or nature of family support and can be classified into 4 domains: instrumentalsupport, emotional support, informational support and social integration. Instrumental support refers to tangible assistance that others may provide, such as helping with housekeeping and the provision of transportation or money. Emotional support refers to the experience of feeling liked, admired, respected or loved, while informational support involves the provision of information during the time of stress.

Elders who are ill experience a greater benefit from family support in the areas of life satisfaction, emotional well-being and adjustment. Elders could have higher satisfaction when receiving support from family members, which in turn could lead to higher general life satisfaction and increased autonomy. Both perceived support as well as frequency of interaction are main key points to achieve optimum functional health. Having frequency of interaction levels of social support from family is associated with functional health (Line, 2000).

MATERIALS AND METHODS

A quantitative research approach and a descriptive (correlational) design has been used to assess correlation of functional autonomy and perceived family support among elderly patients in a selected hospital, Hoshiarpur, Punjab. 100 elderly patients of age group >65 years were selected by purposive sampling technique. The tool for data collection were standardized tools and it had following sections

Part-A: Socio demographic sheet.

Part-B: Rating scale (Functional autonomy measurement system (SMAF))

Part-C: Rating scale (Thai family support scale-elderly patients) (TFSS-EP)

RESULTS

47% of elderly patients belong to age group 65-69 years. 50% subjects were male and another 50% were female. Majority of subjects i.e. 55% had education till elementary and only 8% were graduate and above. Most of the elderly patients (55%) were non working and only 1% were in service. 41% of elderly patient had family income (Rs Per month) 5001-10000 and only 4% had >15000. Majority i.e. 87% of elderly patients had acute type of illness and 13% had chronic type of illness. 46% of the elderly patient had 3-4 children and only 6% had >7 children. Maximum 68% of elderly patients belong to Sikh religion and only 1% belong to Christian and Muslim religion each. Majority of subjects live i.e. 58% live in nuclear family and 42% live in joint family. This depicts that majority i.e. 69% of elderly people had level 1 autonomy and 29% had level 2 autonomy and least i.e. 1% of the subjects had level 0 and level 3 autonomy each. Hence it can be concluded that majority of the people had level 1 autonomy i.e., they were autonomous but need support or supervision or stimulation to do their activities. This table depicts the mean, mean percentage and rank order of domains of functional autonomy among elderly patients and it shows that domain activities of daily living is having least mean % age of 11.1 and is having Rank order 1 of functional autonomy, then domain mental status has 13.8 mean % age and having Rank order 2.

Table 1. Frequency distribution of elderly patients according to level of functional autonomy

Level of autonomy	Score	N
Level 0 (highly autonomous)	0	1
Level 1 (autonomous but need supervision or stimulation)	1-29	69
Level 2 (need some help to carry out the activity)	30-58	29
Level 3 (needs complete help to carry out the Activity)	59-87	1

N=100

Table 2. Mean, mean percentage and rank order of domains of functional autonomy among elderly patients

Domains	Mean	Mean %	Rank order
Activities of daily living	2.33	11.1	I
Mobility	2.79	15.5	III
Communication	1.78	19.8	IV
Mental status	3.46	13.8	II
Instrumental activities of daily living	11.16	46.5	V

N=100

High ranks indicates less autonomy and more dependence Maximum Scores: activities of daily living=21, mobility=18, communication =9, mental status=15, instrumental activities of living=24

Table 3. Frequency distribution of elderly patients according to perceived family support

Level of Perceived Family support	Score	N
Low	30-50	18
Moderate	51-70	29
Good	71-90	53

N=100

Table 4. Correlation between functional autonomy and perceived family support among elderly patients

Tools	Mean	P	R
Functional autonomy	21.72	0.000	0.631**
Perceived Family support	70.28		

N=100

After that domain of mobility has 15.5 mean % age and Rank order 3 of functional autonomy and domain of communication has 19.8 mean %age and rank order 4. A domain of instrumental activity of daily living is having highest mean % age of 46.5 and rank order 5. So, it can be concluded that elderly patients had highest dependence in the domain of instrumental activities of daily living. Table depicts that 53% of the elderly patients were getting good support from their family members, and 18% of the elderly people had very low support from their family members. Hence it can be concluded that majority of the elderly were getting good family support as reported by them. This Table depicts that mean of functional autonomy is 21.72 and perceived family support is 70.28 and correlation between them is 0.631 which is statistically significant at 0.01 levels. So, it is concluded from the table that both functional autonomy and perceived family support was positively co-related. Hence the assumption is proved that functional autonomy among elderly has positive correlation with family support.

DISCUSSION

The results of the study revealed that 69 % elderly patients had level 1 autonomy means they were autonomous and only need was to stimulate or supervise them. This study is supported by study done by Pasqualina¹⁶. In his study, 65% sample had very good functional autonomy. Findings of the present study are contradicted by study of Jamal S. Jarallah¹⁴. In his study, it has been found that elderly patients had decreased level of functional autonomy. In this study, sizeable number of elderly patients (53%) had good perceived family support and it is supported by study of Ray and solky¹⁷, which also reveal good family relations support functional autonomy. Present study findings are not consistent with the study conducted by Aruna Dubey¹⁸ in which most of the elderly felt the attitude of younger generation unsatisfactory in terms of respect, love and affection from the family members. The present study confirms that functional autonomy and perceived family support had positive correlation and same is seen in the study conducted by Huei-LH⁹, Ray RM.¹⁷ and Pasaqualina¹⁶. The supportive results are also found in study done by Bert N²⁴.

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