

## The Relationship between Caregivers' Dependence Supportive Behaviors and Learned Helplessness among Older Adults at the Assisted Living Facilities

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### Abstract

In assisted living facilities, virtually entire care is delivered to the elders and decisions related to all daily living activities are removed from them. If the caregivers support dependence performances, they will enforce the process of learned helplessness among elders. **Aim of the study:** Determine the relationship between caregivers' dependence supportive behaviors and learned helplessness among older adults at the assisted living facilities. **Design:** The study followed a descriptive correlational research design. **Setting:** Four assisted living facilities affiliated to Alexandria Governorate, Egypt were included. **Subjects:** Purposive sample of 120 older adults aged 60 years and more and their caregivers (38). **Tools:** Four tools were used for data collection: 1) Socio-demographic and health profile of older adults structured interview schedule, 2) Learned Helplessness Scale (LHS), 3) Socio-demographic characteristics of older adults' caregivers structured interview schedule 4) Caregivers' dependence supportive behaviors observational check list. **Results:** The mean percent score of learned helplessness among the studied older adults is  $64.93 \pm 14.20$  indicating that they had a considerable feeling of helplessness in general. Concerning the studied caregivers, they presented different levels of practice of dependence supportive behaviors which is significantly associated with feeling of helplessness among the studied older adults. **Conclusion:** positive significant relationship is found between the caregivers' dependence supportive behaviors and learned helplessness among older adults at the assisted living facilities. **Recommendations:** Gerontological nurses should spread out caregiving process for the older adults further than task-oriented duties to interactive process of caregiving.

**Keywords:** Assisted living facilities, Caregivers, dependence, Learned helplessness & Older adults.

### Introduction

The crucial foundations of support to the institutionalized older adults are mainly the caregivers. Caregivers' responsibilities and duties may include helping with personal care, grooming, bathing, toileting, dressing, feeding, food preparation, laundry, and housekeeping. Providing unnecessary assistance in these activities may have harmful effects on older adults. Indeed, caregivers may provide care by doing for older adults rather than helping them with those activities. In this case, caregivers actually deny older adults' possibilities for maximizing their self-care and independence (Chappell & Dujela, 2018; Cameron et al., 2016).

While older adults most frequently act in an independent manner, their caregivers are likely to overlook their independent actions, directly foster elders' dependent behaviors, and discourage choices, control, and decision-making. This may be due to the fact that caregivers sometimes recognize older adults as incapable of making simple decisions about their activities of daily living. So, caregivers may not stress accessible choices to elders. Also, both caregivers and older adults may consider eating and grooming as domains where older adults have the minimum

amount of control and choice (Balducci et al., 2018; Ekwall & Hallberg, 2017). Caregivers who work as task-oriented daily care, e.g., confirming that every older adult in the facility has been washed, dressed, and fed. This can be done more efficiently and quickly when the caregivers take an active role. Also, the institution polices are more likely to focus on what has been done rather than how it has been done. Therefore, fostering dependence and failure to support independent acts will enhance the process of learned helplessness (Moral-García et al., 2018; Alizad et al., 2020).

The phenomenon of learned helplessness is exactly what it sounds like—learning that a person is helpless to modify a certain condition and so learning to accept it as it is, no problem how worse it may be or whether it is really true that one can't change it. Learned helplessness is a situation that persons come to have faith in that they are incapable of controlling or modifying, so they do not attempt it, even if chances for change become obtainable, such as deciding what they eat, when they want to eat, or taking a bath as a simple daily action (Ramond & Flannery, 2018; Maier & Seligman, 2016; Pagnini et al., 2016). Most of the time, this is how the elderly

feel. Their minds and bodies become weaker. They are not as strong as they used to be. They no longer have the memory that they had before. With age advance, they learn to accept their worsening situation. Learned helplessness is more common in elderly people who suffer from higher degrees of physical, mental, social, or even emotional instability (**Hanyok et al., 2019; Cassie & Sanders, 2018**).

Elders who experience learned helplessness see events as being outside their control and learn that it is hopeless to respond. This condition badly affects cognitive function, self-esteem, and affect. Learned helplessness can have an intense impact on the elderly's well-being and mental health. Elders who feel helpless are also liable to have symptoms of depression, high levels of stress, and less enthusiasm to pay attention of their physical health. In turn, increased elderly dependence will be associated with caregivers' feeling overwhelmed, constantly tired, and need more effort and time for caring for dependent older adults. This may finally cause caregiver stress (**Koerner et al., 2019 & Jansson et al., 2017**).

Any caregiver who intensely cares for older adults should have the initiative to help them find what they can't see for themselves. If the elderly want to combat feelings of helplessness, caregivers have to address the predisposing factors for their feelings of helplessness. For example, one of the chief reasons for helplessness among older adults is their weakening bodies; they can't do the basic activities like bathing or personal grooming. The objective is not to do all the things for the elderly. It is to educate them on how to do those things by themselves in the safest possible way (**Rezende et al., 2018; McKee et al., 2016**).

### **Significant of the study**

The feeling of remaining independent when older cannot be underestimated. Not having to rely on other people for some level of care, assistance or to make daily decisions, helps to promote a positive state of mind, as well as giving a sense of purpose in one's life. Older adults will feel more in control over their situation, this could be something easy like choosing a meal or item of clothes or complicated like the kind of treatment they want to have, subsequently, it has positive effect on caregivers. Caregivers will find more time to provide care on optimal levels (physical, psychological, social, emotional), and rarely caregivers' stress occurs. Also, it has positive impact on the institution, as successfully to maintain older adult's healthy life (**Koerner et al., 2019; Moral-García et al., 2018; Pagnini et al., 2016**).

The way older adults are treated and how caregivers provide care to them as dependent recipients, causing elders to feel helpless in difficult tasks and resulting in a decline in performance. So, the present study

looked into the link between caregivers' actions and older adults' feelings of helplessness.

### **Aim of the study**

The present study aimed to determine the relationship between caregivers' dependence supportive behaviors and learned helplessness among older adults at the assisted living facilities.

### **Research objectives:**

- Determine the different levels of practice for dependence supportive behaviors among the studied caregivers.
- Assess learned helplessness among the studied older adults
- Explore the relationship between caregivers' dependence supportive behaviors and learned helplessness among older adults.

### **Research questions:**

- What are the different levels of practice for dependence supportive behaviors among the studied caregivers?
- What is the mean percent score of learned helplessness among the studied older adults?
- What is the relationship between caregivers' dependence supportive behaviors and learned helplessness among older adults at the assisted living facilities?

## **Materials and Method**

### **Materials**

**Design:** The study followed a descriptive correlational research design.

**Setting:** among six governmental elderly homes which affiliated to Alexandria Governorate, Egypt, the study was carried out at four assisted living facilities namely Dar Elhanaa for females elders, Dar Elhedaya for females elders, Dar Elhedaya for males elders and Dar Elwedad for females and males elders. The other two homes were excluded because Dar El Hanan was closed at the time of data collection, and Dar El Saada refused to permit the researchers to interview the residents. The conditions for admitting these institutions were as follows; reaching the age of 60 years or more; free from any infectious diseases; had a sponsor; and followed the working system of the institution. Each one of these institutions had number of caregivers who provided direct care to meet the older adults' needs. Direct care may include assisting older adults during feeding, bathing, dressing, and toileting, and also housekeeping activities for the elderly. The working system at these institutions was a task-oriented one, as it involved giving a particular function to each caregiver to perform for all the elders at the institution. For example, two caregivers might assist in elders' bathing while another caregiver assists in elders' feeding.

**Subjects:** a purposive sample of 120 older adults and 38 caregivers who provide direct care to them were included in the present study. The study sample size was calculated using the Epi info V 7.0 program based on the following statistical parameters ; Population size: 170, expected frequency: 50%, acceptable error: 5%, confidence coefficient: 95%, minimum sample size = 119.

The study sample included 2 groups:

**Group 1:** 120 older adults aged 60 years and more and fulfilled the following inclusion criteria:

- Had duration of stay at the assisted living facility for at least one year and more.
- Had the ability to walk without assistance.
- Had the ability to communicate effectively.
- Accepted to participate in the study.
- Available at the selected setting during the time of data collection.

**Group 2:** 38 caregivers of the study older adults and fulfilled the following inclusion criteria

- Who provided older adults' direct care which allowed direct and long contact to the older adults
- Had duration of work at the selected setting for at least one year and more which increased their contact to the older adults and to be immersed with the working system.
- Accepted to participate in the study.
- Available at the selected setting during the time of data collection.

**Tools:**

In order to collect the necessary data, four tools were used.

**Tool (I): Socio-demographic and health profile of older adults structured interview schedule.**

This tool was developed by the researchers and included two parts:

**Part 1:** Socio-demographic data of the study older adults such as; age, sex, social status, level of education, occupation prior to retirement, monthly income, and duration of stay at the assisted living facility.

**Part 2:** health profile: such as; medical health history, level of independence, and self-rating of functional status in comparison to the previous period before admission to the assisted living facilities.

**Tool II: Learned Helplessness Scale (LHS)**

Learned Helplessness Scale was developed by **Quinless & Nelson, (1988)**. The LHS was composed of 20-items which was powerfully revealing of learned helplessness. The LHS was carefully chosen based on its validity and reliability confirmed through published psychometric values, its conciseness, and applicability to the phenomenon of concern. The studied older adults required to respond to each scale item and determine if they agree or disagree to each item described their feelings on a 4-point Likert scale.

The responses ranged from strongly agree (4), agree (3), disagree (2), and strongly disagree (1). The higher the score the higher perceived helplessness.

**Tool III: Socio-demographic characteristics of older adults' caregivers structured interview schedule.**

This tool was developed by the researchers to assess the socio-demographic data of the study caregivers such as; age, sex, social status, level of education, monthly income, duration of work at the assisted living facility, the number of older adults that they care, and attending in service training programs.

**Tool IV: Caregivers' dependence supportive behaviors observational check list.**

This tool was a 34 items observational check list that developed by the researchers after reviewing the related literature (**Ramond & Flannery, 2018; Maier & Seligman, 2016; Pagnini et al., 2016**). It assessed the dependence supportive behaviors among caregivers that might induce older adults to perceive loss of function and loss of control over their environment. This tool composed of 4 domains as follows:

- **Behaviors that induce limited psychological function:** (14 items) which concerned the issues relating to caregivers' ways of communication, such as facial expressions and body language, respect, maintaining the older adults' privacy during providing care, and their response to the older adults' demands.
- **Behaviors that induce limited physical function:** (10 items) which indicated the incorrect caregivers' behaviors during meeting the older adults' physical needs. For example, giving all the care to them without encouraging their participation, ignoring their abilities to share, and giving no positive reinforcement for older adults' performance or giving negative comments.
- **Behaviors that induce limited cognitive function:** (5 items) which evaluated certain caregivers' behaviors that might limit the older adults' cognitive status. For example, caregivers did not emphasize to elders the importance of having options. Also, caregivers did not provide chance for them to make their own decisions, make choices freely, or manage their own affairs on their own.
- **Behaviors that induce limited social function:** (5 items) that included the caregivers' behaviors toward the older adults social functions. Such as not encouraging or discouraging older adults to sit and interact with others either inside or outside of assisted living facilities. Also, this item assessed the caregivers' responses toward older adults' participation in activities planned by the assisted living facilities, as religious and entertainment seminars.

The researchers scored each behavior either not done (0), little of the time (1), some of the time (2), most of the time (3). The mean score of three observations was calculated for each behavior. The total score then classified into 3 categories as follows

- Low practice of dependence supportive behaviors: score of 34 to 67.
- Moderate practice of dependence supportive behaviors: score of 68 to 84.
- High practice of dependence supportive behaviors: score of 85 to 102.

#### Method

- 1- Permissions were obtained from the responsible authorities (Faculty of nursing, Ministry of social solidarity and the Head of each selected assisted living facility) to carry out the study.
- 2- Tool I and tool III, socio-demographic and health profile of older adults structured interview schedule and the Socio-demographic characteristics of older adults' caregivers structured interview schedule were developed by the researchers.
- 3- Tool II, Learned Helplessness Scale (LHS), was translated into Arabic to assess perceived helplessness among the studied older adults. The Arabic version of the tool was tested for its content validity by 5 experts in the related field (5 professors of gerontological Nursing). Also, it was tested for its reliability by the researcher using Cronbach coefficient alpha test ( $r = 0.90$ ).
- 4-Tool IV, Caregivers' dependence supportive behaviors observational check list, was developed by the researchers after reviewing the related literature to assess the dependence supportive behaviors among older adults' caregivers (Ramond & Flannery, 2018; Maier & Seligman, 2016; Pagnini et al., 2016). The tool was tested for its content validity by 5 experts in the related fields. Also, it was tested for its reliability by the researcher using Cronbach coefficient alpha test ( $r = 0.80$ ).
- 5- A pilot study was carried out on 10% of the study sample (12 of older adults and 4 of their caregivers) selected from the study setting to assess the clarity and feasibility of the study tools. They were not included in the study sample.

#### Data collection:

- 6- Each study elder that fulfilled the study inclusion criteria was interviewed individually in his/ her room to collect the necessary data. The interview time ranged from 20 to 30 minutes for each study elder. The researchers interviewed 8 to 10 older adults per day.
- 7- Each study caregiver who fulfilled the study inclusion criteria was interviewed individually in

the waiting area to assess their socio-demographic data.

- 8 - Each caregiver was observed during three complete morning routine care interactions from 8 a.m. to 11 a.m. The researchers observed 2 to 3 caregivers per day. After that, the researchers interviewed the study elders to collect the necessary date.
- 9- To prevent scoring that evolved from a caregiver have a mostly good (or bad) day, observations for each caregiver were done on 3 days, typically 1-4 days apart.
- 10- Each caregiver was also observed with different older adults, to avoid scores based on personality differences or correspondences between an individual caregiver and older adult.
- 11-Relevant notes were made on the checklist immediately after observation.
- 12- To avoid scoring evolving from researcher bias, each caregiver was observed by both researchers at each observation. After that, each researcher recorded her own observation checklist. Then the average score of the two checklists was calculated by the researchers to determine the caregiver's score for this observation.
- 13-Ratings were done based on identified scores and behavior frequencies in relation to the interaction's particular context.
- 14- Data collected by the researchers through 3 days per week and needed three months to be completed.
- 15- For statistical analysis, SPSS version 20 was used for and the level of significance was set as  $\leq 0.05$  level.

#### Ethical considerations:

An informed verbal consent was obtained from each study subjects included in the study after explanation of the study purpose. Anonymity and privacy of the study subjects were maintained and confidentiality of the collected data was assured. The desire of the study subjects to withdraw from the study at any time was respected.

#### Statistical analysis:

After the data were entered into the computer, they were analyzed using IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp). Qualitative data was described by number and percent. To verify the normality of distribution, Kolmogorov-Smirnov test was used. Range (maximum and minimum), median, mean, and standard deviation were used to describe quantitative data. Significance of the obtained results was judged at the 5% level. Student t-test, F-test (ANOVA), Mann Whitney test, Kruskal Wallis test, and Pearson coefficient were used in the present study.

**Results****Table (1): Distribution of the studied elders according to their sociodemographic characteristics**

Sociodemographic characteristics	No.(120)	%
<b>Sex</b>		
Female	74	61.7
Male	46	38.3
<b>Age (years)</b>		
60<75	51	42.5
75≤85	69	57.5
Min. – Max.	60.0 - 80.0	
Mean ± SD.	73.08 ± 4.81	
Median	75.0	
<b>Duration of stay at the assisted living facility</b>		
1<3 years	14	11.7
3<6 years	28	23.3
6 years and more	78	65.0
Min. – Max.	1.0 - 15.0	
Mean ± SD.	7.08 ± 3.05	
Median	8.0	
<b>Social status</b>		
Widow	111	92.5
Divorced	9	7.5
<b>Educational level</b>		
Illiterate	51	42.5
Read and write	48	40.0
Basic education	8	6.7
Secondary education	13	10.8
<b>Occupation prior to retirement</b>		
House wife	68	56.7
Unskilled worker	28	23.3
Employee	15	12.5
Skilled worker	9	7.5
<b>Current work status</b>		
No	120	100
Yes	0	0.0
<b>Monthly income</b>		
Inadequate	120	100.0
Adequate	0	0.0

SD: Standard deviation

**Table (2): Distribution of the studied elders according to their health profile**

Health profile	No. (120)	%
<b>Presence of chronic illnesses</b>		
Yes	113	94.2
No	7	5.8
<b>Types of chronic illnesses #</b>	<b>No (113)</b>	
Hypertension	107	89.2
Osteoarthritis	74	61.7
Heart diseases	64	53.3
Diabetes mellitus	63	52.5
Gastrointestinal diseases	34	28.3
Renal diseases	27	22.5
Respiratory diseases	14	11.7
<b>Level of independence</b>		
Independent	50	41.7
Partially dependent	70	58.3
<b>Functional status after admission to the assisted living facility</b>		
Decreased	114	95.0
Did not change	6	5.0

#: More than one answer

**Table (3): Distribution of the studied elders according to their feeling of helplessness (LHS) (n = 120)**

Helplessness	Total score	Average score	Mean percent score %
Min. – Max.	44.0 - 80.0	2.20 - 4.0	40.0 - 100.0
Mean ± SD.	58.96 ± 8.52	2.95 ± 0.43	64.93 ± 14.20
Median	60.0	3.0	66.67

SD: Standard deviation

**Table (4): The Relationship between helplessness and personal characteristics among the studied elders (n = 120)**

Personal characteristics	Overall helplessness		Test of sig.	P
	Mean ± SD.	Median		
<b>Sex</b>				
Female	67.59 ± 12.94	66.67	U=1106.0*	0.001*
Male	60.65 ± 15.21	58.33		
<b>Age (years)</b>				
60<75	60.98 ± 15.93	58.33	U=1104.50*	<0.001*
75≤85	67.85 ± 12.08	66.67		
<b>Duration of stay at the assisted living facility</b>				
1<3 years	53.10 ± 20.90	43.33	H=45.181*	<0.001*
3<6 years	56.07 ± 7.46	56.67		
6 years and more	70.24 ± 11.65	66.67		
<b>Social status</b>				
Widow	66.13 ± 13.92	66.67	U=152.0*	<0.001*
Divorced	50.19 ± 8.35	46.67		
<b>Education level</b>				
Illiterate	68.63 ± 9.28	66.67	H=33.933*	<0.001*
Read and write	57.26 ± 16.52	60.0		
Basic education	51.67 ± 7.56	53.33		
Secondary education	50.0 ± 9.98	43.33		
<b>Occupation prior to retirement</b>				
House wife	68.90 ± 12.40	53.33	H=26.377*	<0.001*
Un skilled worker	64.11 ± 16.58	66.67		
Skilled worker	61.30 ± 9.82	60.0		
Employee	50.67 ± 9.40	59.17		
<b>Current work status (no)</b>	64.93 ± 14.20	66.67	–	–
<b>Monthly income</b>				
Inadequate	64.93 ± 14.20	66.67	–	–
<b>Presence of chronic illnesses</b>				
Yes	71.90 ± 9.59	68.33	U=208.0*	0.034*
No	64.50 ± 14.35	66.67		
<b>Level of independence</b>				
Independent	57.0 ± 11.64	57.50	H=28.900*	<0.001*
Partially dependent	69.83 ± 12.53	66.67		
<b>Functional status after admission to the assisted living facility</b>				
Decreased	66.10 ± 13.59	66.67	U=21.0*	<0.001*
Did not change	42.78 ± 1.36	43.33		

U: Mann Whitney test

H: H for Kruskal Wallis test

\*: Statistically significant at  $p \leq 0.05$

Table (5): Distribution of the studied caregivers according to their sociodemographic characteristics

Sociodemographic characteristics	No(38)	%
<b>Sex</b>		
Female	37	97.4
Male	1	2.6
<b>Age (years)</b>		
Less than 30	3	7.9
30<35	11	28.9
35≤	24	63.2
Min. – Max.	16.0 - 46.0	
Mean ± SD.	35.42 ± 5.80	
Median	35.0	
<b>Social status</b>		
Married	35	92.1
Single	3	7.9
<b>Educational level</b>		
Read and write	28	73.7
Illiterate	5	13.2
Basic education	5	13.2
<b>Monthly income</b>		
Inadequate	38	100.0
Adequate	0	0.0
<b>Number of elders they care</b>		
<25 elders	6	15.8
25<30 elders	17	44.7
30 elders and more	15	39.5
Min. – Max.	17.0 - 32.0	
Mean ± SD.	27.08 ± 4.68	
Median	26.0	
<b>Duration of work at the assisted living facility</b>		
1<2 years	3	7.9
2< 4 years	7	18.4
4 years and more	28	73.7
Min. – Max.	1.0 - 12.0	
Mean ± SD.	5.37 ± 2.28	
Median	5.0	
<b>Attending in service training programs</b>		
No	38	100.0
Yes	0	0.0

SD: Standard deviation

Table (6): Distribution of the studied caregivers according their practice of dependence supportive behaviors (n = 38)

Dependence supportive behaviors	Percent score %	Low practice		Moderate practice		High practice	
		No.	%	No.	%	No.	%
<b>Behaviors that induce limited:</b>							
1-Physical function	68.68 ± 25.09	7	18.4	15	39.5	16	42.1
2- Psychological function	67.16 ± 17.33	3	7.9	19	50.0	16	42.1
3- Social function	58.79 ± 17.50	2	5.3	16	42.1	20	52.6
4- Cognitive function	53.45 ± 41.45	0	0.0	17	44.7	21	55.3
<b>Overall behaviors</b>	<b>62.2 ± 14.34</b>	<b>2</b>	<b>5.3</b>	<b>15</b>	<b>39.5</b>	<b>21</b>	<b>55.3</b>

**Table (7): The relationship between practice of dependence supportive behaviors and sociodemographic characteristics among the studied caregivers (n = 38)**

Sociodemographic characteristics	Overall practice of dependence supportive behaviors	Test of sig.	P
	Mean $\pm$ SD.		
<b>Sex</b>			
Male	48.53 $\pm$ 14.54	t= 0.016	0.987
Female	48.29 $\pm$ 12.53		
<b>Age (years)</b>			
Less than 30	53.92 $\pm$ 16.72	F= 1.296	0.286
30<35	52.94 $\pm$ 12.25		
35 $\leq$	45.47 $\pm$ 14.78		
<b>Social status</b>			
Married	48.57 $\pm$ 14.57	t= 0.398	0.693
Single	45.10 $\pm$ 13.26		
<b>Educational level</b>			
Illiterate	43.24 $\pm$ 3.97	F= 2.686	0.082
Read and write	46.90 $\pm$ 14.24		
Basic education	61.18 $\pm$ 16.26		
<b>Number of elders they care</b>			
<25 elders	41.42 $\pm$ 22.27	F= 0.847	0.437
25<30 elders	48.96 $\pm$ 15.87		
30 elders and more	50.29 $\pm$ 7.29		
<b>Duration of work at the assisted living facility</b>			
1<2 years	52.94 $\pm$ 8.95	F= 0.186	0.831
2< 4 years	46.85 $\pm$ 11.72		
4 years and more	48.16 $\pm$ 15.57		

t: Student t-test

F: F for ANOVA test

\*: Statistically significant at  $p \leq 0.05$ **Table (8): Correlation between studied caregivers' practice of dependence supportive behaviors and feeling of helplessness among the studied elders**

Dependence supportive behaviors	Helplessness	
	R	P
<b>Behaviors that induce limited:</b>		
1- physical function	0.479	0.002*
2- Psychological function	0.294	0.073
3- social function	0.254	0.124
4- cognitive function	0.144	0.387
<b>Overall Behaviors</b>	0.398	0.013*

r: Pearson coefficient

\*: Statistically significant at  $p \leq 0.05$ 

**Table (1):** Shows the distribution of the studied elders according to their sociodemographic characteristics. The table indicates that 61.7% of the studied elders were females. The age of the studied elders ranged from 60 years up to 80 years with a mean age of  $73.08 \pm 4.81$ . 57.5% of them aged from 75 to 85 years-old. Duration of stay at the assisted living facilities among the studied elders ranged from one year up to 15 years with a mean of  $7.08 \pm 3.05$ . The longer duration of stay, 6 years and more, was presented by the higher percent of them 65.0%. Widow elders represented 92.5%. Low levels of

education presented by 42.5% for illiterates and 40.0% for those who just able to read and write. Concerning the occupation prior to retirement, 56.7% of the studied elders were housewives. Inadequate monthly income reported by all of the study elders.

**Table (2):** This table illustrates the health profile of the studied elders. The table shows that 5.8% of the studied elders reported having no chronic illnesses. Concerning those who had chronic diseases 94.2%, hypertension was the main chronic illnesses among 89.2% of them followed by osteoarthritis 61.7% and then heart diseases 53.3%. The studied elders showed

two different levels of independence. For illustrations, independent studied elders represented 41.7% of the elders followed by those who were partially dependent 58.3%. When comparing the present functional status of the studied elders with the previous one before their admission to the assisted living facilities, 95% of them reported reduced their functional status after admission.

**Table (3):** The table indicates the distribution of the studied subjects according to their feeling of helplessness. The table demonstrates that the mean score of the studied elders' feeling of helplessness was  $58.96 \pm 8.52$  with a mean percent score of  $64.93 \pm 14.20$  indicating that they had a considerable feeling of helplessness.

**Table (4):** Indicates the relationship between feeling of helplessness and the personal characteristics of the studied elders. The table shows that females studied elders reported the higher mean percent score of helplessness  $67.59 \pm 12.94$  than males  $60.65 \pm 15.21$  with statistically significant difference,  $U = 1106.0$ ,  $P = 0.001$ . Higher mean percent score of learned helplessness  $67.85 \pm 12.08$  reported by those who aged 75 years to 85 than those who at younger age,  $U = 1104.50$ ,  $P < 0.001$ . The table also shows that the longer duration of stay at the assisted living facilities, (6 years and more), the higher feeling of helplessness among the studied elders ( $70.24 \pm 11.65$ ). The calculated analysis of variance was statistically significant,  $H = 45.181$ ,  $P < 0.001$ .

Studied elders who are widows reported the higher mean percent score of learned helplessness ( $66.13 \pm 13.92$ ) than those who were divorced  $50.19 \pm 8.35$ . The difference was statistically significant,  $U = 152.0$ ,  $P < 0.001$ . Higher feeling of helplessness ( $68.63 \pm 9.28$ ) and ( $57.26 \pm 16.52$ ) was associated significantly with lower levels of education, (illiterate and read and write, respectively),  $H = 33.933$ ,  $P < 0.001$ . House wives elders reported the higher mean percent score of helplessness ( $68.90 \pm 12.40$ ) than those who were employee ( $50.67 \pm 9.40$ ),  $H = 26.377$ ,  $P < 0.001$ . Having chronic illnesses among the studied elders was significantly associated with higher mean percent score of helplessness ( $71.90 \pm 9.59$ ) than those who were healthy ( $64.50 \pm 14.35$ )  $U = 208.0$ ,  $P = 0.034$ . Also, this finding shows that the higher the level of independence (independent level), the lower feeling of helplessness  $57.0 \pm 11.64$ . The calculated analysis of variance was statistically significant  $H = 28.900$ ,  $P < 0.001$ . The studied elders who reported decreased functional status after admission to the assisted living facility recorded significant higher mean percent score of helplessness ( $66.10 \pm 13.59$ ) than those who did not report changes in their functional status ( $42.78 \pm 1.36$ ). The difference was statistically significant,  $U = 21.0$ ,  $P < 0.001$ .

**Table (5):** Demonstrates the distribution of the studied caregivers according to their sociodemographic characteristics. The table shows that 97.4% of them were females, 63.2% aged 35 years and more with a mean age of ( $35.42 \pm 5.80$ ). Studied caregivers who were married and who just able to read and write represented 92.1% and 73.7% of the studied caregivers respectively. Inadequate monthly income was reported by 100% of the study caregivers. Concerning the number of elders that the studied caregivers care for, this number ranged from 17 to 32 elders for each caregiver, with a mean of  $27.08 \pm 4.68$ . Moreover, 44.7% of the studied caregivers provided care for elders that account from 25 to less than 30 elders. 73.7% of the studied caregivers reported that they worked at the assisted living facilities for 4 years and more and all of them did not attend any in service

**Table (6):** Explains the distribution of the studied caregivers according to their practice of dependence supportive behaviors. With reference to the total practice of dependence supportive behaviors, the studied caregivers showed low practice 5.3%, moderate practice 39.5%, or high practice 55.3% of these behaviors with mean percent score of  $62.2 \pm 14.34$ . Also, the table shows that the studied caregivers were mainly involved in the practice of behaviors that induced limited physical function with mean percent score of  $68.68 \pm 25.09$  followed by behaviors that cause limited psychological function  $67.16 \pm 17.33$ , then behaviors that induce limited social function  $58.79 \pm 17.50$ , and finally behaviors that induced limited cognitive function  $53.45 \pm 41.45$ .

**Table (7):** Illustrates that there is no statistically significant relationship between the studied caregivers' practice of dependence supportive behaviors and their sociodemographic characteristics.

**Table (8):** Illustrates the correlation between studied caregivers' practice of dependence supportive behaviors and feeling of helplessness among the studied elders. The table shows a significant positive correlation between practice of physical dependence supportive behaviors among the studied caregivers and feeling of helplessness among the studied elders  $r = 0.479$ ,  $P = 0.002$ . Also, total dependence supportive behaviors among the studied caregivers was significantly related to the study elders' feeling of helplessness  $r = 0.398$ ,  $P = 0.013$ . For illustration, the greater practice of dependence supportive behaviors among the studied caregivers, the higher the studied elders feel helplessness.

**Discussion:**

Learned helplessness is state where older adults commonly accept those bad things which will occur and that they have little control over them. They are ineffective in resolving issues even when there is a potential solution. Older adults at the assisted living facilities are not insusceptible to this stance of learned helplessness. Institutional environment and the assisted living facilities staff and caregivers have a great influence on the psychological state of older adults (Mallers et al., 2016). So, the present study aimed to determine the relationship between caregivers' dependency supportive behaviors and learned helplessness among older adults at the assisted living facilities.

The present study result revealed that the studied elders had considerable feeling of helplessness. Indeed, they reported slightly high mean percent score that above 60% of the total helplessness scale (table 3). This result can be justified by that being institutionalized at the assisted living facilities means acceptance of its routines and rules that be applied to all elders regardless to their individual differences, needs, abilities, or interests. Personnel who work at these institutions always focus on the completion of several tasks for each elder person daily such as feeding, bathing, taking medication, and housekeeping activities at the same schedule. Elders' participation in these activities may be neglected or even avoided by the caregivers to ensure certain quality of work and save their time. Also, keeping the elders' safety may be of concern. In this environment, elders feeling of control over their life may be reduced. Indeed they lose the ability to take decisions freely or make their own choices. With time advance, greater loss of elders' control over their environment creates feeling of being helpless.

From other view, older adults themselves may induce their dependency and helplessness. For illustration, some elders may believe that admission to the assisted living facilities means that they will be in rest and free from all responsibilities to feel comfort and relieved from the daily life demands. First they may be happy, but with time they may feel bored and loss the feeling of being productive or having a value. Helplessness may be the result at this time. So, the present study result seems to be logic. Furthermore, with returning back to the present study result, the present study indicates that the majority of the study subjects reported reduction in their functional status after admission to the assisted living facility, (table 2) and reported significant higher feeling of helplessness, (table 4). Also, the present finding revealed that the longer the duration of stay at the assisted living facilities, the greater the feeling of helplessness, (table 4). This result was congruent

with a study done by Mercer & Kane (2018), who found that the elderly persons' admission to a nursing home usually represents the end of their responsibility about themselves and low of control over their environment. Learned helplessness may leave older adults more vulnerable to physical and psychological problems. Also, the study done by Kahana et al. (2018) which studied the effect of long term care institutionalization on elders' control and well-being, found that institutional structures and policies and staff attitudes influenced elders' care. On the contrary, the study done by Kroemeke & Gruszczynska. (2020) revealed that there is a positive impact of providing physical and psychological care to institutionalized elders on their psychological status.

According to the present study finding, females studied elders reported higher feeling of helplessness than males' elders, (table 4). This can be justified by the fact that females studied elders who used to make home related responsibilities by themselves at their home, which is integral part of their identity, now they are not allowed to do it. But the situation is completely different for males elders who may be used to receive care from their wives or someone else. Also, males elders at the assisted living facilities may have greater chances to get outside the institution for praying, meeting their friends at cafe, or even shopping. This result is consistent with the study done by Radloff (2017) which showed that although women and men had the same stressors, women showed higher rates of certain emotional problems than men because they reacted emotionally than men. Also, in the same frame Sucuoglu et al.(2019) who examined gender differences in psychological distress, and helplessness, found that women reported greater distress and helplessness than the men and reported having greater bad life-events. The most commonly used coping approach for men was the problem solving/optimistic approach, however for women, the fatalistic approach was the often employed strategy.

Studied elders who at older age groups reported higher feeling of helplessness than those who at younger age group according to the present study finding, (table 4). This can be explained by the fact that old age is accompanied by different life stressors that make older adults liable to psychological troubles. Some of these stressors can be related to the loss of husband, low monthly income, and, most important of all; loss of health. Psychological and physiological aging changes usually occur causing major impact on the elders. In addition, for many it can influence their lives in a very undesirable manner, leaving them with feelings of hopelessness, worthlessness, and helplessness. Also, with age

advance, there are greater physiological changes all over body systems and increased liability to chronic illnesses. These changes may limit the older adults' function and their ability to be independently and keep control over their lives. In the same context, the present study results indicate that study elders who suffered from chronic illnesses or had low level of independence reported significant higher feeling of helplessness (table 4). To sum, loss of control and dependence on the others may cause the elders to feel helplessness. The present study result is congruent with the studies done by **Nicassio et al. (2019), & Fery (2018)** which showed that higher feeling of helplessness were associated with older age, higher difficulty of physical activity, displeasure, and pain during activities of daily living.

With reference to education, the present study finding shows that lower levels of education is significantly associated with higher feeling of helplessness among the studied elders, (table 4). This can be interpreted by the fact that education represents the individuals' power and support where it provides them with knowledge and awareness to deal and master life events and situations. Education also provides elders with solutions to their problems. Moreover, educated person can gain money from having a better job. Education and money may increase the elders' control over their lives. In this respect, the present study result indicates that study elders who were employee prior to retirement reported significant low feeling of helplessness than others, (table 4). This result is in the same line with what reported by **Harald (2017), & Faulkner (2016)** who found a negative relation between level of education and helplessness, that means the better the education the less feeling of helplessness. This result is in contrast with the study done by **Mitchell et al., (2021)** that revealed that higher level of education was associated with higher levels of stress and feeling of helplessness among older adults.

The present study results revealed that studied caregivers in general practice behaviors that support and induce dependency among the studied elders with different levels, (table 6). This may be due to the characteristics of studied caregivers. Where, the present results show that all the studied caregivers reported low monthly income and the majority of them either illiterate or able to read and write, and all of them did not receive any training on elders care as they reported (table 5). For illustration, low level of education and lack of training on elders' care may predispose low quality of elders' care. Also, the studied caregivers may be unaware with the importance of keeping the elders' independence. This result is compatible with the study done by **Starrin et al. (2017)** examined the relation between caregivers'

qualifications and the elders' outcomes and quality of care. The authors found that the greater caregivers' qualification is the better the quality of care provided by caregivers. Furthermore, this result is consistent with the study conducted by **Zeng et al. (2019)** revealed that education and job years had a positive influence on caregivers' practice scores, and in-service training programs had a positive effect on their attitude and knowledge scores. Attitude and knowledge regarding elderly care can definitely affect elderly care practices.

From our cultural heritage perspective, helping elders comfort and showing respect to them is mainly through keeping them dependent and avoid asking elders to do anything for themselves. Caregivers as a part of our society may act in that way. They may believe that their duty is to meet the care needs for older adults not to assist them in care. The studies conducted by **Wade (2019) & Reed et al.(2016)** are in congruent with the present study finding, they found that the caregivers made every possible things to bring ease and comfort in the older adults' life.

In the same context, low monthly income among the study caregivers may make them to try not to lose their job through doing for elders not with elders as attempt to maintain elders' safety and show accomplishment of their assigned task completely. Moreover, the present study result also found that nearly half of the study caregivers reported that they provide care for a number of elders that ranged from 25 to 30 elders daily (table 5). This indicates high work load that may necessitate the studied caregivers to act and do their duties quickly to save time by doing their job without waiting elders to participate in slow manner. Furthermore, this situation may limit the studied caregivers' ability to meet all elders' needs, while focus on mainly physical basic needs. This is congruent with the result of another study which done by **Benzer et al. (2017)** That found that workload and limited resources were negatively associated with elders' quality of care. Also, this result is agree with the study performed by **Luchesi et al. (2016)** which concluded that there was a positive relation between caregivers stress and the number of health problems the older adults had.

According to the present study finding, it can be observed that higher practice of dependency supportive behaviors among the studied caregivers is associated significantly with higher feeling of helplessness among the studied elders (table 8). This can be illustrated by the fact that continuous ignoring of the elders' abilities, their efforts to be independent, choices and their endeavors to take their own decisions will gradually weaken the elders' internal power, self-efficacy, and self-confidence. Also, caregivers' behaviors may induce poor cognitive,

social, psychological and physical function among older adults. Feeling of helplessness may be the outcome. This result is in accordance with the study performed by **Hummert et al. (2019)** which explored the effect of caregivers' verbal and non-verbal communication that carried messages of incompetence and dependence on older adults, concluded that caregiving process that focus on caring for elders can lead to dependence-supportive behaviors and over parenting. Also, there is a study supported this result carried out by **Langer (2020)** highlighted the influence of institution and providing care strategy of caregivers (dependency-supportive behaviors) on reducing the elders' sense of control, and increasing sense of helplessness. Also, in the same frame, **Reinhard et al. (2018)** revealed that caregivers afforded care in a wide-ranging of activities even if older adults can do it that leads to loss of independence and increase sense of helplessness.

### Conclusion

Based on the results of the present study, it can be concluded that, the studied elders had a considerable feeling of helplessness in general. Concerning the studied caregivers, they presented different levels of practice of dependence supportive behaviors which were significantly correlated with the feelings of helplessness among the studied older adults with a positive relationship. This implies that the higher the practice of caregivers' dependence supportive behaviors, the greater the helplessness that older adults feel.

### Recommendations

Based on the results of this study, the following recommendations are suggested:

In order to alleviate the older adults' loss of control over their environment and reduce their feeling of helplessness at the assisted living facilities, gerontological nurses should:

- 1- Spread out caregiving process for the older adults further than task-oriented duties to interactive process of caregiving.
- 2- Develop continuing educational programs for older adults' caregivers to highlight the importance of keeping older adults physically, mentally, socially and emotionally engaged which can help them stay healthier and live independently longer.
- 3- Provide older adults with more opportunities for choices in meals, dressing, and other activities that are spontaneous and less obligatory for the whole group.
- 4- Encourage older adults' socialization inside and outside the elderly home to enhance their self-esteem and decrease feeling of helplessness.

- 5- Provide mental stimulation activities, such as crossword puzzles or other brain games that keep minds active and foster a positive outlook on life.
- 6- Encourage older adults' emotional stability through using of effective communication techniques with them, such as active listening, expression of acceptance, and providing positive reinforcement for their efforts to be independent.

### The further researches in this field could be:

- 1-Effect of an elders' independence-enhancing educational program on the practices of elderly caregivers.
- 2- Knowledge and attitude of caregivers toward older adults' independence.

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