

## **Selected Psychosocial Factors Affecting Wellness of the Elderly: A Case of NyumbayaWazee, Nairobi County**

ZipporahHenia<sup>1</sup>, Dr. ZipporahKaaria<sup>2</sup>, Rev. GregoryKivanguli<sup>3</sup>

<sup>1</sup>Department of Theology, Religious Studies and Counselling Kenya Methodist University

<sup>2</sup>Department of Theology, Religious Studies and Counselling Kenya Methodist University

<sup>3</sup>Department of Theology, Religious Studies and Counselling Kenya Methodist University

Corresponding author: ZipporahHenia

---

**ABSTRACT:** Changing family values and migration into cities has seen many Kenyans live away from their aging parents making it hard to fulfill their traditional role of caring for them. This has witnessed the rapid growth of homes for the aged in the country especially in Nairobi County. The purpose of the study was to investigate selected psychosocial factors affecting wellness of the elderly persons admitted in homes for the elderly in Nairobi County. The study was carried out in Little Sisters of the Poor (NyumbayaWazee) Kasarani, and Cheshire Home (NyumbayaWazee) Kariobangi in Nairobi County. The study focused on two psychosocial factors; loneliness and dependence. The researcher aimed to explore how these factors affected the wellness of the old persons in homes for the aged. The study employed a descriptive research design. The target population under study was all the elderly who were in Little Sisters of the Poor (NyumbayaWazee), Kasarani and Kariobangi Cheshire Home (NyumbayaWazee), Kariobangi. The study used census technique to get a sample of 82 participants. Data were collected by use of structured questionnaires semi-structured interview guides and Focus group discussions. Descriptive statistics such as percentages, frequencies were used to summarize data while correlation analysis was used to infer causal relationship between variables under study using Statistical Package for Social Sciences (SPSS) version 24.0. Content analysis was used to analyse qualitative data. The study concluded that the elderly physical ability/mobility is limited at this age. Most of the elderly people loved to live at the home even though they missed their relatives and friends back at home. Safety and security, state of health, attitude about living at the home, being in the company of age mates, missing friends and relatives and relationships in the home, significantly affected the wellness of the elderly individuals. The elderly preferred to take charge of their personal needs rather than be always assisted, unless they were physically challenged. The study recommends that the homes should organize and encourage community visits especially from where the elderly hail from. The management should make the NyumbayaWazee feel like home by encouraging openness, give the elderly the ability to choose and participate in community events. The elderly living in the homes deserve to be given activities of their choice.

**Key Words:** *loneliness, dependency, wellness, elderly*

---

Date of Submission: 20-08-2018

Date of acceptance: 04-09-2018

---

### **I. INTRODUCTION**

Ageing comes with many challenges. The loss of independence is one potential part of the process, as are diminished physical ability and age discrimination. The ageing process involves biological, emotional, intellectual, social, and spiritual changes. Many older adults remain highly self-sufficient. However, others require more care. Because the elderly typically no longer holds jobs, finances can be a challenge and due to cultural misconceptions, older people can be targets of ridicule and stereotypes (Olson, 2009). The elderly faces many challenges in later life, but they do not have to enter old age without dignity. Mistreatment and abuse of the elderly is a major social problem and, as expected with the biology of ageing, the elderly sometimes become physically frail. This frailty renders them dependent on others for care, sometimes for small needs like household tasks and basic functions likes eating and toileting (Gelfand, 2011).

Elderly persons are a heterogeneous group and like people in all ages, they are individuals with varying needs, desires, abilities, lifestyles and cultural backgrounds. As our society becomes increasingly older and more diverse, dealing with this aging population requires a great deal of knowledge, sophistication, and flexibility (Papalia et al, 2012). As people age, their emotional needs may change. Many elderly persons find themselves dealing with the loss of a spouse or health problems. They may not have the same support system

they had when they were younger due to children moving away or retirement. Having a support or a family member who cares can make all the difference to an older person (Maryann, 2014).

Areas of concern in the situation of older persons will also emerge, signs of which are already evident, resulting in pressures and fissures in living arrangements of older persons. It is true that family ties in most countries are very strong and overwhelming majority of the elderly live with their children or are supported by them (Macht, 2009). A majority' of families engaged in various economic activities find the presence of old parents emotionally bonding and of great help in managing the household and caring for children. However, due to the operation of several forces, the position of a large number of older persons has become vulnerable due to which they cannot take for granted that their children will be able to look after them when they need care in old age, especially in view of the longer life span implying an extended period of dependency and higher costs to meet health and other needs (Silverstone, 2010).

Despite the increased understanding of aging and an ever-growing number of older adults, the elderly still has to deal with age-based expectations and prejudices. For instance, older people are always tagged with uncomplimentary labels such as senile, absent minded and helpless (McCracken et al 2007). These negative attitudes and stereotypes (ageism), prevent intimate encounters with people in different age groups and sometimes lead to outright discrimination (Butler, 2008). As a result, those growing older often deny and dread the process, referred to as 'the age mystique'. According to Harigurst (1959), older adults must learn to cope successfully with a range of issues such as death of friends and spouse, reduced physical vigour, retirement and reduction of income. They have more leisure time and need to make friends as they develop new social roles. They may require changing of living arrangements or making up more satisfactory ones, at the same time dealing with grown children (Harigurst1959).

In some communities, the aged are tortured and executed on allegation of witchcraft. They are accused of various calamities e.g. death, misfortune, famine, floods and other natural disasters. They are usually killed and property destroyed. In May 2008 11 elderly persons were killed in Kisii (8 women and 3men) aged between 80-97 years, (Daily Nation, September 26-2008). In January 2009, 14 people were killed in Magarini (Coast) including an assistant chief of the area on allegation of witch craft (Daily Nation, February 7-2009).

Ageing is a time of both "positive and negative transitions and transformations" (Myes, 1990). Becoming a grandparent is a gain, while losing age mates, friends or a spouse is a loss. The form of elderly care provided varies greatly among countries and even within the same country and regions due to different cultures. While in developed countries formal social support systems exist for older people, in developing countries e.g. Kenya, it is left to self and the extended family. Traditionally, elderly care has been the responsibility of family members and was provided within the extended family home. Changes such as geographical dispersion and tendency for women to be educated and work outside home have caused parents (old) to be left alone. This has caused loneliness and a number of psychological disorders (Delhey et al., 2012).

### ***Problem Statement***

Homes for the elderly are becoming popular, as a retirement place for old people, and especially for those with no loved ones near them to offer proper care. Despite these homes providing food, safety, decent shelter and health care to the elderly, the elderly still are faced with psychosocial challenges which make them feel they are missing their original homes. Such challenges include loneliness and dependency. It was on this context that the researcher sought to examine selected psychosocial factors affecting wellness of the elderly with special reference in NyumbayaWazee, Nairobi County.

### ***Objectives of Study***

- i. To determine the influence of loneliness on the wellness of individuals admitted in homes for the elderly in Nairobi County.
- ii. To investigate the influence of dependency on the wellness of individuals admitted in homes for the elderly in Nairobi County.

### ***Research Hypotheses***

- i. Ho<sub>1</sub>: There is no significant relationship between loneliness and wellness of individuals admitted in homes for the elderly in Nairobi County.
- ii. Ho<sub>2</sub>: There is no significant relationship between dependency and wellness of individuals admitted in homes for the elderly in Nairobi County

## **II. LITERATURE REVIEW**

### ***Loneliness and Well-Being of the Elderly***

Loneliness of the elderly is a psychological distress brought about by lack of close friends, a reliable support system and connection with the general population. Social interaction is as necessary as food for human folk. It is well known that without social interaction, we fall apart mentally and these effects may manifest physically (Bhuvan, 2014). As noted by Cacioppo and Hawkley (2009), amongst social creatures, humans tend to perceive a threat to their existence and legacy when on the perimeter or brink of a social structure. Social support can be defined as an interaction within a social network of family members, friends, acquaintances, care givers, and significant others. Structural measures such as frequency of social contacts and functional indicators such as quality of social network and social support are central aspects of social network. Structural measures give emphasis to assessing person's social network and indexing the total number of linkage that a person has with the community (Macht, 2009). This view assumes that regular social connections are important and suggests that diversity of relationships, reflecting a person's connections throughout the community, may also be relevant (Cohen et al, 2011). Structural measures typically include items asking about primary social relationships (for example, being married or having children in the home). It may also tap frequency of visiting with neighbours and talking with friends and relatives on the telephones or communication through the internet. These items can be combined to produce indices for the total size of person's network. (Cohen et al, 2011) Research indicates that although the frequency of social contacts decreases with age, satisfaction with social network tends to increase according to Lansford et al (2008).

Situational loneliness is a major factor for old people admitted in homes for the elderly. A very common result is the development of dementia and depression. The old people gradually became more pessimistic, less satisfied and less happy. This transient loneliness is caused by the environment and can be relieved through change (Gierveld and Raadschelders, 1982). For people who are both lonely and depressed, there is the coexistence of negative feelings, and negative judgment of personal attributes. However, unlike depression, loneliness comes with a hope that the person would be one day reunited with the person they long for. (RaheelMushtaq et.al, 2014). It's also helpful to note that for elderly people with physical ailments and disabilities, loneliness is of a much higher scale than for those without.

In a study done by Bhartia SPS, it was concluded that depression was higher for elderly people living alone than those with families or spouses. In as much as the homes for the elderly provide an environment where these people are able to interact and socialize, they may feel that they are in a way, secluded from society. Psychological well-being in older people is associated with demographic and other variables. According to Pinguart (2010) self-rating of physical health is significantly correlated with subjective wellbeing. Women report higher levels of negative affect than men do. Married people typically describe themselves as happier than those who are not married and small but significant positive associations with educational level are found (Diener et al, 2010).

### ***Dependency and Well-Being of the Elderly***

Dependence is a situation many people struggle with, especially those in advanced age. This emotional distress can lead to depression and hopelessness (Maryann, 2014). When elderly people become permanent and often dependent residents and need more help with every personal activity, loss of privacy is felt (Teeri et al, 2006). According to (Schultziner and Rabinovici, 2012), human dignity is defined as "quality or state of being honoured, worthy or esteemed". Therefore, dignity is a crucial part of self-worth and self-esteem.

According to research material used by (Rodríguez-Prat et al, 2016), dignity, in a way, was seen by the patient as their identity. Therefore, dependency and fragility were in a way, seen as a factor undermining the person's dignity. Loss of self-identity encompasses the loss of the self, loss of self-worth and loss of the value they place on their physical image. For elderly people living in institutions privacy is extremely important, and personal space (territory) is a key aspect to this issue. However, studies have identified lack of privacy due to dependency as one of the major issues affecting residents living in nursing homes. (Anderberg, 2009). Environmental mastery is a dimension of well-being and this includes ability of an individual to control vast external activities, competence in managing environment and is able to choose and or create context suitable to personal needs and values. Residents of nursing homes do not have, either control over what goes on in the environment that they live in or opportunity to choose what they want.

Studies by Calkins & Cassella, (2007) have identified lack of privacy resulting from shared rooms and other shared spaces as an important contributor to low quality of life and negative clinical outcomes among nursing home residents leading to low well-being in elderly residents. Residents mainly had little choice about the person with whom they shared a room. The shared rooms also disrupted resident's sleep as some residents had to be checked at night more often than others and the noise woke the roommates (Choiet al 2008). Some studies suggest that physical environment constrain resident choices, this especially concerns environment with poor facilities. Physical environment therefore has impact on well-being of the elderly residents because it has

impact on the extent to which residents are able to have privacy and personal space. Personal space is about opportunities for a resident to personalise their space which means having personal belongings like furniture and pictures. For residents living in nursing homes there was little privacy and opportunity to personalise their spaces (Murphy et al, 2007).

Another dimension of privacy is that residents felt offended if a nurse intruded into their personal space, by touching or exposing them without consent. Studies have shown that such intrusions are associated with submission, such that 39 residents whose personal space is violated during care may consent without asking questions, feeling much like passive recipients of care (Teeriet al, 2006). Another issue related to living in nursing home environment concerned residents who were cognitively intact, and living in nursing home with the majority of other residents who were severely cognitively impaired, residents who expressed socially inappropriate behaviour, and frequent incidents of death and grief. Deaths of residents continually forced them to not only feel a sense of grief and loss but also face their own mortality issues (Choi et al 2008). Staff shortage and turnover was also another issue that affected residents of nursing homes, according to a study by Choi et al., some residents mentioned that because they were aware of staff shortage, they did not like to ask for help. Due to insufficient number of staffs, residents were frustrated because they had to wait for long periods for any assistance they requested for (Choi et al 2008).

### III. METHODOLOGY

The study used descriptive design which is a method of collecting information by interviewing or administering a questionnaire to a sample of individuals. Using descriptive design, the study sought to examine the relationships between variables. The researcher applied the design to determine the extent to which psychosocial factors (independent variables) affect the wellness of the elderly (dependent variable) admitted in homes for the aged. The target population of the study comprised of all the elderly admitted in two homes for the aged in Nairobi County. These homes were Little Sisters of the Poor (NyumbayaWazee) in Kasarani and Kariobangi Cheshire Home (NyumbayaWazee). Purposive sampling was used to pick the caregivers and management staff that participated in the interview. Participants of a Focus group discussion were purposively sampled from the elderly residents of the home comprising of both men and women. All the residents of the home filled in the questionnaire. The instruments for collecting data were questionnaire, interview schedule and focus group discussion. The questionnaire had different questions aimed at establishing the influence of loneliness and dependency on the wellness of individual admitted in the homes for the elderly. The elderly filled in the questionnaires in the presence of the researcher. The researcher used an interview schedules to conduct interview targeting the management and care-givers in the homes. A focus group discussion was formed comprising of 8 elderly residents who were purposively sampled from the men and women members of the home. To check on the validity of the instruments the questionnaires, and interview guides were drawn as per the study objectives. Simple language was used in the research instrument in order to ensure that the respondents fully understood the content. To establish the reliability of the instrument, the split-half method was used. In the split-half method, the total number of items were divided into two halves (odd and even), and a correlation taken between the two halves using the Spearman-Brown correlation coefficient. Reliability coefficient was calculated using the Spearman-Brown prophesy formula. The spearman's rank correlation coefficient of 0.80 was obtained which meant that the instrument was 80% reliable. Therefore, the research instrument was suitable to answer the questions of the study. Data was analyzed using both descriptive and inferential statistics with the aid of Statistical Package for Social Sciences (SPSS) version 24.0. Descriptive statistics such as percentages, frequencies were used to summarize data while inferential statistics such Correlation analysis were used to infer causal relationship regarding psychosocial factors and wellness of the elderly. Quantitative findings were presented after analysis by use of tables. Hypothesis testing was used to test the nature non-causal relationship (whether positive or negative) between the psychosocial factors and wellness. Qualitative information collected from the focus group discussions and interviews were analysed thematically and presented in a narrative form.

### IV. FINDINGS

#### **Influence of loneliness on wellness of the elderly**

The researcher sought to establish the influence of loneliness on the wellbeing of the individuals. The results were recorded in Table 1

**Table 1: Influence of loneliness on the wellness of the elderly**

Statements	Strongly		Not		Strongly
	agree	Agree	Sure	Disagree	disagree
Safety and security in this home is assured and this has enhanced my wellbeing.	32.9	50.0	17.1	-	-

I fall sick more often than when I lived at home.	-	19.7	26.3	26.3	27.6
I am happy living here.	28.9	50.0	-	10.5	10.5
I enjoy the company of people in this home.	14.5	38.2	10.5	36.8	-
I miss my friends and relatives most of the time.	27.6	38.2	14.5	19.7	-
I am bored most of the time.	-	40.8	10.5	35.5	13.2

Majority of the respondents (32.9% and 50%) agreed that they enjoyed safety and security of homes. Additionally, majority also disagreed that they fall sick more often. When asked whether they were happy living their majority of the respondents (50% and 28.9%) agreed. However, the elderly was not sure whether they enjoyed the company of the people in the home with a mean of 2.7. Majority of the elderly (27.6% and 38.2%) agreed that they miss friends and relatives most of the time. At the FGD, one elderly woman emotionally expressed how she missed her loved ones. Finally, most of the elderly people 40.8% agreed that they felt bored while 10.5 % were not sure. This indicates that safety was key to increasing the elderly wellness additionally the elderly did not fall sick more often. It's also evident that most of the elderly people loved to live at the home even though they missed their relatives and friends at home. At the home the elderly are guaranteed food, safety and decent shelter.

This concurs with Bhuvar (2014) who stated that distress has far reaching consequences on the individual psychologically. Social interaction is as necessary as food for human folk. It is well known that without social interaction, we fall apart mentally and these effects may manifest physically. Despite being provided with the basic needs, the elderly needs and thus miss the genuine love and warmth from their loved ones. Caregivers ascertained that most of the elders felt lonely as they were used to seeing their family. They added that they talk to them and make them feel comfortable:

**Hypothesis testing on the relationship between elderly loneliness and wellness**

The study further tested the hypothesis on whether there was a significant relationship between loneliness and wellness of individuals admitted in homes for the elderly the results were as presented in Table 2.

**Table 2: Hypothesis testing on relationship between loneliness and wellness**

		Loneliness
Wellness	Pearson Correlation	0.264
	Sig. (2-tailed)	**0.04
	N	76

Correlation is significant at 0.05 level (2-tailed).

After testing the hypothesis, the results showed there is a positive correlation between loneliness and elderly wellness ( $r = 0.26$ ,  $p = 0.05$ ). Elderly loneliness influences their wellness. However, the positive correlation is weak at 0.26. Therefore, the study rejected the null hypothesis that there is no relationship between loneliness and wellness of individuals admitted in homes for the elderly in Nairobi County and accept that there is a relationship between loneliness and elderly wellness.

**Influence of dependency on the wellness of individuals**

The researcher sought to establish the influence of dependency on the wellbeing of the individuals. The results were recorded in Table 3.

**Table 3: Influence of dependency on wellness**

Statements	Strongly agree	Agree	Not Sure	Disagree	Strongly disagree
I am totally in charge of my personal cleanliness (showering, dressing etc) without assistance.	30.3	23.7	-	46.1	-
I always wash clothes on my own and I enjoy it.	-	32.9	-	39.5	27.6
I am able to move around without being supported.	36.8	22.4	-	40.8	-

I make my own decisions, which keeps me happy.	47.4	52.6	-	-	-
I do different activities that help me feel strong.	51.3	19.7	-	28.9	-
I feel comfortable when care takers do everything for me.	17.1	31.6	-	51.3	-
I am able to share my opinions about this home with the manager which makes me feel good.	17.1	69.7	13.2	-	-

Concerning influence of dependency on wellness of the elderly a slight majority (54. % agreed that they were totally in-charge of their personal cleanliness without assistance. Majority (68.1%) of the elderly disagreed that they always wash clothes on their own. Additionally, majority (59.2%) agreed that they were able to move around without being supported. Majority (52.6%) agreed they make their own decisions, which keeps them happy. Moreover, majority (71%) of the elderly agreed they do different activities. A slight majority (51.3%) disagreed that they feel comfortable when care takers do everything for them, while majority (69.7%) of the elderly agreed that they were able to share their opinions about the home with the manager. This indicates that the elderly is not entirely dependent on the home staff since they were in-charge of their personal cleanliness without assistance. Also, most indicated that they were able to move around without being supported. Moreover, they were able to do different activities that made them feel strong. The same was noted at the Focus Group Discussion (FGD), where most members expressed feeling uncomfortable when care takers did everything for them. However, a few of the challenged ones relied on the home staff for support, e.g., bathing and washing clothes. It also indicates that the management encouraged the elderly to share their opinions. This means that the elderly loved to take charge of their lives but appreciate assistance if necessary.

This is in line with (Maryann, 2014) who stated that dependence is a situation many people struggle with, especially those in advanced age. This emotional distress can lead to depression and hopelessness. Additionally, Teeri et al, (2006) argue that when elderly people become permanent and often dependent residents and need more help with every personal activity, loss of privacy is felt. According to (Schultziner and Rabinovici, 2012), human dignity is defined as “quality or state of being honoured, worthy or esteemed”. Therefore, dignity is a crucial part of self-worth and self-esteem.

**Hypothesis testing on the relationship between dependency and wellness**

The study further tested the hypothesis that stated that there is no relationship between dependency and wellness of individuals admitted in homes for the elderly. The results were as presented in Table 4.

**Table 4: Relationship between dependency and wellness of the elderly**

		Dependency
Wellness	Pearson Correlation	0.73
	Sig. (2-tailed)	**0.045
	N	76

Correlation is significant at the 0.05 level (2-tailed).

The findings show a strong positive correlation of 0.73 at 0.045 level of significance between elderly wellness and their dependency. The study concluded that the dependency level has a high impact on wellness of the elderly. Therefore, the null hypothesis was rejected meaning there is a significant relationship between dependency and wellness of the elderly. This is in line with a study that was done by (Rodríguez-Prat et al, 2016) which saw dignity, in a way, seen by the patient as their identity. Therefore, dependency and fragility were in a way, seen as a factor undermining the person’s dignity. Loss of self-identity encompasses the loss of the self, loss of self-worth and loss of the value they place on their physical image.

**V. CONCLUSION AND RECOMMENDATIONS**

The study showed that most of the elderly people loved to live at the home even though they missed their relatives and friends since they had a lot in common with the other residents which gave them a sense of belonging. The elderly were guaranteed food, safety, decent shelter and health care at the home which made them satisfied, happy and contented. It was noted that the elderly loved to take charge of their lives and a

number of them don't like to be assisted all the time if they are able to do it themselves. Most were however willing to be assisted with certain tedious activities like washing clothes.

It was recommended that the homes should organize and encourage community visits especially from where the elderly hail from. This will make them feel wholesome as they reconnect with their loved ones and feel part of the community as they pass their wisdom to the younger generation. Safety and Security in the elderly homes is paramount and should always be provided as it is the key to increasing the elderly wellness. The elderly love being independent and useful and thus should be granted opportunities to feel so and to share their opinion on ways to improve their wellness which was found to be quite significant.

#### REFERENCES

- [1]. Anderberg, K. (2009). Elderly persons' experiences of striving to receive care on their own terms in nursing homes. *International Journal of Nursing Practice*, 16: 64-68.
- [2]. Bhuvar, W. (2014). The consequences of distress on the individual psychologically. *Nursing Ethics*, 13(2)
- [3]. Cacioppo, J., and Hawkley, L. (2009) Perceived social isolation and cognition. *Trends in Cognitive Sciences*, 13: 447-454
- [4]. Cassella, C. (2007). Exploring the Cost and Value of Private Versus Shared Bedrooms in Nursing Homes. *The Gerontologist*, 47(2):169-83
- [5]. Choi G., Namkee, S., & Wyllie, R. (2008). Depression in older home residents: The influence of nursing home environmental stressors, coping, and acceptance of group and individual therapy. *Aging and Mental Health*, 12 (5), 536.
- [6]. Delhey, K. (2012). Happiness is not normally distributed: A comment to Delhey and Kohler. *SocSci Res.*41(1):199-202.
- [7]. Diener et al., (2012). New measures of well-being: Flourishing and positive and negative feelings. *Social Indicators Research* 39:247-266
- [8]. Gelfand, D. E. (2011). *Aging. The Ethic Factor*. Boston: Little-Brown.
- [9]. Gierveld, J., and Raadschelders, F. (1982). Developing and testing a model of loneliness. *Journal of personality and social psychology* 53 (1), 119
- [10]. Harighurst, S. (1959). Leisure and Life-Style. *American Journal of Sociology*, 64(4), 147-154.
- [11]. Lansford, J., Alampay, L., Bacchini, D., Bombi, A., Bornstein, M., Chang, L., and Zelli, A. (2008). Corporal punishment of children in nine countries as a function of child gender and parent gender. *International Journal of Pediatrics*, 43(4): 670-685
- [12]. Match, J. (2009), *Human Services. History and Recent Influences*. New York: McGraw-Hill Companies Inc.
- [13]. Maryann, D. (2014). *How to Care for Emotional Needs of the Elderly*. New York: McGraw Hill Companies Inc.
- [14]. McCracken, M., Eccleston, C., and Vowles, K. (2007). Processes of change in treatment for chronic pain: the contributions of pain, acceptance, and catastrophizing. *Eur J Pain*. 11(7):779-87.
- [15]. Murphy, K (2007) Combinatorial promoter design for engineering noisy gene expression.
- [16]. *Proc Natl Acad Sci USA*, 104(31):12726-31
- [17]. Mutea, G. (2011). Effectiveness of health and wellness initiatives for seniors. *Review of general psychology*, 10(4), 302.
- [18]. Mwaniki, R. (2005). The risk factors associated with nutritional status among the older persons in selected homes for the aged in Nairobi and Kiambu, Kenya. *Aging and Mental Health*, 12 (5), 536.
- [19]. Myes, T. (1990). Ageing is a time of both "positive and negative transitions and transformations. *Community Development Journal*, 7 (2), 117-121.
- [20]. Osongo, L. (2012). The services offered in both the Government and faith based elder care institutions in relation to the needs of the elderly persons in Kenya. *Journal of Arts and Education*, 13 (2).
- [21]. Papalia, E., & Harvey, L. (2012). *Adult Development and Aging*. New York: McGraw-Hill International edition.
- [22]. Piquart, M., & Teubert, D. (2010). Effects of parenting education with expectant and new parents: A meta-analysis. *Journal of Family Psychology*, 24(3), 316-327.
- [23]. Raheel, M., Sheikh, S., Tabindah, S., and Sahil, M. (2014). Relationship Between Loneliness, Psychiatric Disorders and Physical Health ? A Review on the Psychological Aspects of Loneliness. *Journal of Clinical and diagnostic research*, 8(9), 45-58.
- [24]. Rodríguez-Prat, A., Albert, B., Andrew, B., and Cristina, M. (2016). Understanding patients' experiences of the wish to hasten death: an updated and expanded systematic review and meta-ethnography. *BMJ*, 7(9), 152-162.

- [25]. Schultziner, K., and Rabinovici, C. (2012). Human Dignity, Self Worth and Humiliation. A comparative legal Psychological Approach. Towards Human Rights in Residential Care for Older Persons. *Psychology, public policy and law*, 18(1), 105-108
- [26]. Silverstone, B., and Hyman, K. (2010). *You and your aging Parent*. A guide to Understanding Emotional, Physical and Financial Needs. Pantheon Books, New York.
- [27]. Teeri, S., Leino-Kilpi, H., Välimäki, M. (2006). Long-Term nursing care of Elderly People. Identifying Ethically Problematic Experiences Among Patients, Relatives and Nurses in Finland, *Nursing Ethics*, 13, 2.

Zipporah Henia. "Selected Psychosocial Factors Affecting Wellness of the Elderly: A Case Of NyumbaYaWazee, Nairobi County." *IOSR Journal Of Humanities And Social Science (IOSR-JHSS)*. vol. 23 no. 08, 2018, pp. 73-80.