NOCTURNAL BEHAVIOR OF THE ELDERLY AT ASILO DE MOLO

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ESTERLINA I. GALE
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ESTERLINA ISIDTO-GALE

ABSTRACT

A one-shot survey on the nocturnal behaviors of the elderly at Asilo de Molo and how these behaviors vary with age, sex, length of stay and health status was undertaken. Face to face interview with 32 chosen respondents who are the elderly at Asilo de Molo was done. Observation technique was also employed recording the activities of the 32 elderly in the institution for three consecutive nights. The statistical tools used include the frequency and percentage.

The findings disclosed the predominance of female elderly at Asilo de Molo. More than one-half of them were 75 years old and above. Almost nine out of ten of the elderly were elementary graduates. Majority had been in the institution for less than 10 years. All except six of the 32 elderlies stayed at the Asilo de Molo for free considering the almost non-existing financial and weak social supports of the family and friends. Three of the 32 elderlies had no recorded illness and the rest were diagnosed to have at least one of the 17 afflictions documented. The most common these afflictions is hypertension, followed by blindness and pneumonia, asthma, osteoporosis. The other afflictions in the list were found only in at least one elderly.

Ten nocturnal behaviors were noted among the elderly, talking at night being the most common to all of them. Singing, changing position while sleeping, laughing, wandering and shouting were other nocturnal behaviors observed. More male elderly sang, shouted, moaned, urinated, whistled and laughed. More female elderly moved and wandered while asleep. More elderly who were 74 years and below sang, moaned urinated and laughed while more of those 75 years and above, moved, shouted, wandered and showed leg movement. There were more elementary educated elderly who wandered, moaned, urinated and moved their leg while more elderly with high school education sang, moved and laughed. There were more of those who lived in the Asilo for less than ten years sang, moved, shouted, wandered, moaned, urinated, whistled, and moved leg while there were more of those who had stayed for ten years or more who laughed. There were more elderly who were visited for less than five times a year who moved, shouted, moaned, urinated, whistled and laughed, while more of the elderly who were visited for 5 or more times in a year sang, wandered and moved their leg.

It was concluded that there are more female elderly in Asilo de Molo; majority with age 74 years or less and majority are with the Asilo for less than ten years. Most of them are non-paying and not supported by their families. Their common afflictions are hypertension, diabetes mellitus, pneumonia, asthma and blindness. Their most common nocturnal behavior was talking with themselves or with their roommates in the middle of the night. Majority of the males sang and shouted which was also true of those who are 74 years and below. More elderly with high school education sang and laughed while asleep. There were more of the Asilo elderly residents for less than 10 years and those visited for 5 or more times in a year, sang and wandered in their sleep.

The researcher recommends that continued external support be given to Asilo de Molo to maintain and support the health needs of the elderly. The researcher also recommends that the institution should come up with some social program to alleviate the loneliness and depression of the elderly due to poor family support. The researcher likewise suggests that Asilo de Molo solicit the assistance of the media to locate and encourage families of the elderly residing in the institution to provide some form of social support to their elders to somehow remedy their depression. It is further recommended, that volunteer programs be instituted by higher education institutions offering medical and social work courses to assist in caring for the elderly at Asilo de Molo. It is finally recommended that another study on the nocturnal behavior of the elderly in Asilo de Molo and a study to compare the nocturnal behavior of the elderly in an institution like Asilo de Molo and those cared for by their family be done to validate the findings reported.