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**INFLUENCE OF INSTITUTIONALIZED CARE ON
PSYCHOSOCIAL WELL-BEING OF THE ELDERLY IN
KENYA: A CASE OF NYUMBA YA WAZEE NAIROBI
COUNTY, KENYA**

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INFLUENCE OF INSTITUTIONALIZED CARE ON PSYCHOSOCIAL WELL-BEING OF THE ELDERLY IN KENYA: A CASE OF NYUMBA YA WAZEE NAIROBI COUNTY, KENYA

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Abstract

Purpose: The purpose of this study was to determine the influence of institutionalized care on psychosocial well-being of the elderly in Kenya.

Methodology: The study adopted a case study research design. The study population comprised of 118 persons who included the institutions managers, staffs and the elderly persons in Nyumba ya Wazee. A census methodology was used for the managers and staffs (50) whereas purposive sampling was used to sample the elderly persons (20) within the institution. The data was collected using structured questionnaires while interview schedules was administered to the aged people within the Home. The collected data was entered and coded into Statistical Package for Social Sciences (SPSS) for analysis. Frequencies, percentages and means was presented.

Results: The study found out that institutionalized care for the old was found to influence psychosocial well-being of elderly. The care given to the elderly was found to be very important because it influences their psychosocial well-being and hence improves the lives of the elderly at large. Institution policy framework was found to influence the psychosocial well-being of elderly. Old person placed in the institution for the aged do have relative caregivers though they are also assigned non-relative caregivers. Further it was clear from this study that old people are comfortable with the policy frame work for the institution and they have good attitude towards their caregivers which influences positively towards their psychosocial well-being.

Unique Contribution to Theory, Practice and Policy: The study recommended that care institutions should ensure that the elderly have a life satisfaction in terms of the ability to transform negative to positive outcome. The care institution should ensure that the elderly never lack basic needs and their health is good. Institutions should ensure caregivers within the institution are well trained and receive on-the-job training to effectively look after the elderly. The community at large should support the management towards ensuring that the institution provides the care to the elderly.

Keywords: Institutionalized care, institutional policy, stakeholder participation, psychosocial well-being.

1.0 INTRODUCTION

1.1 Background of the Study

Aging is a significant phenomenon on life itself, it is observed that in the midst of demographic data, the ageing of a population has consequences on economic, social and psychological well-being in our societies. Population ageing is increasingly recognized as a worldwide phenomenon. It is a critical concern for both the developed and developing countries (Liang, GU & Krause, 1992). In 1950, there were 205 million persons aged 60 and above worldwide. Fifty years later, that is year 2000, the number of persons aged 60 and above increased to 606 million (about three times the 1950 figures). Over the first half of the current century, the global aged population of 60 years and above is projected to expand by more than three times to reach nearly 2 billion in 2050 (UN-DESA, 2002). The implication is that the number of older persons has tripled over the last 50 years and that it will be more than tripled again over the next 50 years (Ajala & Olorunsaiye, 2009). This therefore means that the increase in the aged populace calls for attention of governments and the society as a whole. The aged are faced by a number of challenges that do not affect people at earlier stages of life. They are caught up in social problems like poor socio-economic status, inadequate social support and poor health.

The society as a whole is now experiencing a rapidly ageing population where the societal and familial structures are undergoing changes, raising concern about the services that might be provided for the elders. Karandikar (2002), referring to the global survey conducted by International Federation on Ageing (IFA) indicated that 80% of the elders expressed that their situation had deteriorated in the health and family support. This indicates lower economic viability of the elders. Johnson, Schwartz and Tate (1997) sees the problems of the aged as living alone with no family nearby, poor health, negative attitude about ageing and insufficient financial resources. Poor economic support for the aged causes frustration, illness and early death. It is against this observable problems that some NGOs try to intervene in order to protect the rights of elderly people, to enable them contribute to and benefit from society; re-orientate them so as to diminish their dependency by generating economic opportunities for them so that they may enrich their lives. Elderly persons who are more privileged social-economically, tend to have more supportive social relations and social well-being than those who depend on their family for support. (George, 1998)

In Finland, older people are living healthier and life expectancy is rising almost yearly. The life expectancy was 79.3 years in 2010. Increase in life expectancy of the elderly population stimulated the actions of protecting functional independence in social health. The majority of the elderly people live independently at home and viewing ageing mainly in a positive way. A growing number of the older people live in different kind of institutions such as residential, nursing homes and home care nursing (Golant, 2004)

In Sweden, about 86,800 people are over the age of 65 and they live in special housing accommodations and elder care units. An additional 163,600 people over 65 receive home care in independent houses. Together, these groups comprised 14% of the population in the over-65 age

group in 2009 (Börjesson, 2014). In 2011, 19% of the Swedish population was aged over 65 (OECD average 15%) and 5.5% of the population was aged over 80 (OECD average 4%). By 2050, about 24% of the Swedish population is projected to be aged 65 and over and about 10% of the population aged 80 and over, similar to OECD average (OECD Historical Population Data and Projections Database, 2013). About 5% of the over 65 population received long term care in institutions in 2010 (relative to an OECD average of 4%) and 11% of those were cared at home in 2008 (OECD average 7.9%), (OECD Health Data, 2012).

Africa, the continent often referred to as the youngest in terms of age structure is experiencing the fastest growth rate of older people than any other continent in projections to 2050. There are alarming figures illustrating the rapid rate of change and the need to formulate comprehensive policy actions integrating the issues of the exponentially growing aging population. In 1950 the number of people aged 60 or over numbered approximately 12 million in Africa (ECA, 2007).

1.2 Statement of the Problem

The aging persons are an important component of every country's demographic strata, deserving social protection like other age sets. The population of older persons is increasing at a very rapid rate all over the world. This study was timely as the globe is experiencing hard economic times causing social protection to be more difficult for societies. Further, the elderly are slowly being isolated in desperation, thus a vulnerable lot, more so for low income families. Kenya is not an exception to these trends. Majority of older persons in Kenya are rural-based and are among the vulnerable groups in the society, following rapid urbanization, rural-urban migration and the HIV/AIDS scourge. Further, the syndrome of seeing senior citizen's welfare as the responsibility of the family has made the government of Kenya, less concerned about the welfare of the old. With the disintegration of traditional/extended family structure in Kenya, the elderly population is losing the safety net of family support. More and more elders are seeking institutionalized care. Furthermore, poverty and inadequate health facilities have negative effect on elders who are used to living in extended joint families where traditionally the elders are respected. Another problem for the elderly is in the area where large section of the people engage in unorganized sectors and therefore not eligible for the pension security after retirement. The non-governmental organizations seeing these gaps try to intervene in order to protect the rights of elderly people so that they can contribute to and benefit from society; and re-orientate them to diminish their dependency tendencies in order to enrich the quality of the life they live.

It is also noted that there has been overreliance of traditional family-based structures to take care of the elderly which are now getting overstretched thus offering poor quality of care. Together with a lack of a funded retirement/pension plans targeting the non-working class the study therefore sought to look at the role that institutional care is playing in the provision of care to the elderly, further it has been observed that there is an evident erosion of the African value systems in planning for retirement and copying the western approach of caring for the old. This study therefore sought to investigate the influence of institutionalized care on psychosocial well-being of the elderly in Kenya.

1.3 Research Objective

The main objective of this study was to find out the influence of institutionalized care on psychosocial well-being of the elderly in Kenya.

The study was guided by the following specific objectives:

- i To determine role of institutionalized care for the elderly in Kenya.
- ii To establish how institutional policy and frameworks influence the psychosocial well-being of elderly.
- iii To examine the influence of stakeholder participation in institutionalized care of the elderly on their psychosocial well-being.

2.0 LITERATURE REVIEW

2.1 Empirical Review

Kenkmann, Price, Bolton and Hooper (2010) conducted an evaluation research on health, wellbeing and nutritional status of older people living in UK care homes in examining changes in food and drink provision. The study measured health, wellbeing and nutritional status of 120 of 213 residents of six care homes in Norfolk, UK. An intervention comprising improved dining atmosphere, greater food choice, extended restaurant hours, and readily available snacks and drinks machines was implemented in three care homes. Three control homes maintained their previous system. Outcomes were assessed in the year before and the year after the changes. The population of the study was comprised of frail older population (mean age 87, 71% female) with multiple varied health problems. During the first year 60% of residents had one or more falls, 40% a wound care visit, and 40% a urinary tract infection. 45% were on diuretics, 24% antidepressants, and 43% on psychotropic medication.

The study established a slight increase in falls from year 1 to year 2 in the intervention homes, and a much bigger increase in control homes, leading to a statistically non-significant 24% relative reduction in residents' rate of falls in intervention homes compared with control homes. The study's emphasis however, was on the evaluation on the health aspect of the aging within a care giver institution versus those who are still within the extended family setup. This study therefore sought to examine the influence of institutionalized care on the elderly within the Kenyan context and also further providing on the other factors identified to affect psychosocial wellbeing of the elderly.

Oladeji (2011) conducted a study on family care, social services, and living arrangements factors influencing psychosocial well-being of elderly from selected households in Ibadan, Nigeria. The participants for the study consisted of 280 elderly persons randomly drawn from selected households in five local government areas of Ibadan metropolis. A descriptive survey design was employed in collecting the data from the respondents. Data collected were analysed using chi-square statistics. Results obtained indicated that significant relationships existed between family care, social services, and living arrangements and psychosocial well-being of elderly. Specifically, the influence of family care is significantly related to psychosocial well-being of elderly persons.

Dubey, Bhasin, Gupta and Sharma (2011) conducted a study on elderly living in old age home and within family set-up in Jammu, China and its focus was on the influence of care provision on the well-being of the elderly. The sample of elderly women was selected using the "Purposive sampling" technique to select 30 elderly women from the old age home as well as a similar number from the family setups. The data was collected using a specially designed Interview schedule and observation technique through a house- to-house survey for those residing in the families.

The results indicated that majority (63.3 percent) of the elderly women living in families felt that it was a period of dependency because they were dependent upon their family for support, 16.6 percent of them felt economically insecure, whereas 20 percent of the respondents perceived old age as a stage of loneliness. In case of institutionalized inmates 40 percent stated economic insecurity and loneliness as the reason for their negative perceptions. Twenty -seven percent respondents stated that they felt neglected in the family but the respondents kept themselves busy by taking up various household activities like looking after their grandchildren, doing small household chores etc. and only 3.3 percent of them reported that they were humiliated by their daughters-in-law and their sons did not care for them. As is true of our culture, 70 percent of the elderly women living in the families were looked after by their family members and the respondents stated that their children gave them respect, proper care and comfort. On the other hand, 63.3 percent of the elderly women living in the families got support from their family members.

They also received financial, social and emotional support from their children. This study was also conducted in a different geographical location, it was conducted in China while the current study sought to investigate the influence of institutionalized care on the psychosocial well-being of the elderly within Kenya. As a result, the study therefore sought to check whether the results as evidenced in China are also applicable within the Kenyan context.

Wu, Li, Zhang, Zhu, Ning, Wan, and Unruh (2012) conducted a study in China and its focus was to establish the influence of home nursing care for the elderly. The study used focus group interviews in Jinan, China with stakeholders of nursing homes: the community-residing near the homes and the institutionalized elderly, nursing home providers and administrators, as well as government officials. Five focus groups were organized, and a total of 49 participants were interviewed. The majority of the participants in focus groups, both those for the community-residing and those for the institutionalized elderly, showed positive attitude toward nursing home care, the elderly were willing to live in a nursing home because they did not want to be a burden for their adult children.

The elderly who had no pensions and were supported by their children tended to follow the decisions made by their children. This included whether they would reside in a nursing home or other place. The elderly with pensions could decide their questions independently. However, the focus groups comprising government officials, administrators and providers reported that only a special elderly population was willing to live in nursing homes, in particular among those who had severe physical conditions or could not be cared for by their families. This study offers a contextual

gap in the sense that it was carried out in China and not Kenya and thus there was need to examine whether the findings of the study can also be affirmed in the Kenyan context (Unruh 2012)

3.0 RESEARCH METHODOLOGY

The study adopted a case study research design. The study population comprised of 118 persons who included the institutions managers, staffs and the elderly persons in Nyumba ya Wazee. A census methodology was used for the managers and staffs (50) whereas purposive sampling was used to sample the elderly persons (20) within the institution. The data was collected using structured questionnaires while interview schedules was administered to the aged people within the Home. The collected data was entered and coded into Statistical Package for Social Sciences (SPSS) for analysis. Frequencies, percentages and means was presented.

4.0 RESULTS AND DISCUSSION

4.1 Response Rate

The initial target sample for the study was 50 respondents. Fifty questionnaires were circulated to all the employees and managers at the Nyumba ya Wazee. A research assistant was deployed to circulate and follow up on the questionnaires.

Table 4.1: Response Rate

Response Rate	Frequency	Percent
Managers(Sisters)	11	22
Staff	39	78
Total	50	100%

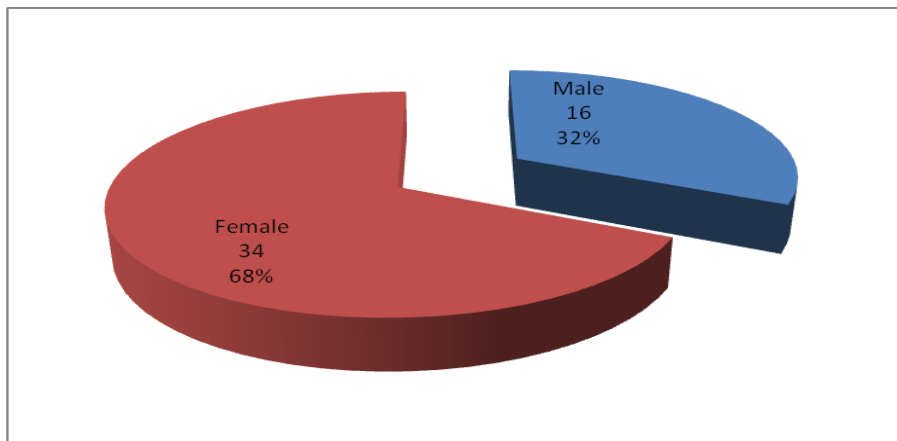
Source: Researcher (2015)

All the questionnaires were duly completed and returned. This converts to a response rate of 100% as shown on Table 4.1. According to Mugenda and Mugenda (2003) and also Kothari (2004) a response rate of 50% is adequate for a descriptive study. Babbie (2004) also asserted that return rates of 50% are acceptable to analyze and publish, 60% is good and 70% is very good. Based on these assertions from renowned scholars 100% response rate was excellent for the study.

4.2 Demographic Information

4.2.1 Gender of the Respondents

The Figure 1 below indicates that 68% constituting the majority of the respondents were female while the male who took part in the study were 32%. According to Ellis, Cutura, Dione, Gillson, Manuel and Thongori (2007), women are major actors in Kenya's economy, and notably in agriculture and the informal business sector, men dominate in the formal sector citing the ratio of men to women in formal sector as 74%:26%.

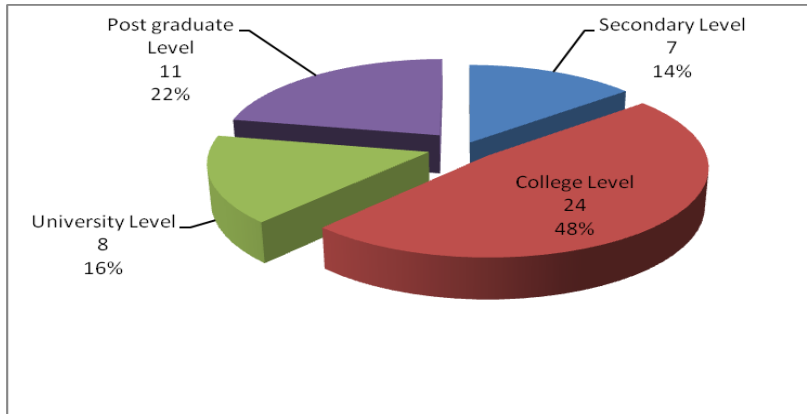


Source: Researcher (2015)

Figure 1: Gender of Respondents

4.2.2 Level of Education

The Figure 2 below shows that the 48% of the respondents had attained a college education whereas 22% had attained a postgraduate education while only 16% of the respondents were established to have attained university level education and finally 14% of the respondent had attained secondary level of education. This concurs with the assertion of Samuel and Chipunza (2009) who indicated that those working within the public institutions have pursued higher educations.

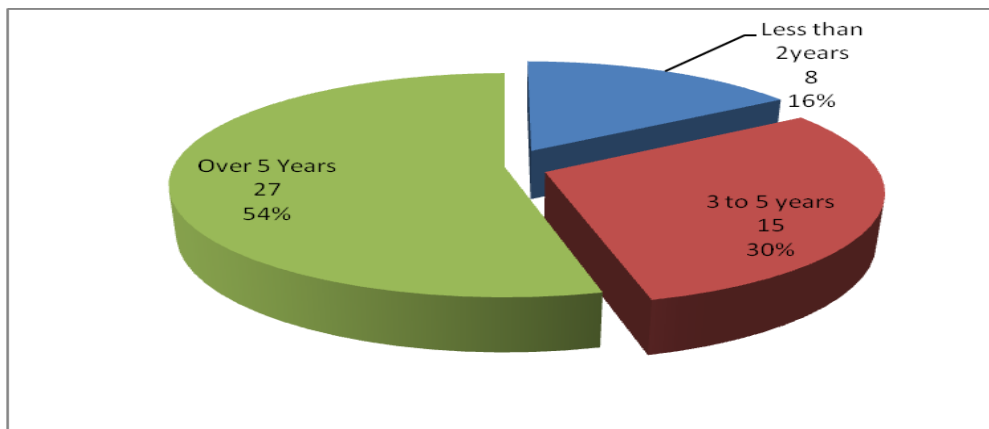


Source: Researcher (2015)

Figure 2: Level of Education of the Respondents

4.2.3 Years Worked

The Figure 3 below shows that the 54% of the respondents had over 5 years of experience while 30% had 3 to 5 years of experience and 16% of them had worked for less than 2 years. The findings imply that the respondents had worked for long enough in the organization hence more knowledgeable about the issues at hand on the research



Source: Researcher (2015)

Figure 3: Years Worked

4.3 Presentation of Research Findings

4.3.1 Effects of Institutionalized Care Provision to the Elderly on the Psychosocial Well-being

The first objective of the study was to investigate on the influence of institutionalized care provision to the elderly and whether it affects their psychosocial well-being. Table 2 below shows

the responses of the respondents on how institutionalized care provision to the elderly affects their psychosocial well-being.

Table 2: Institutionalized Care for the Elderly

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Likert Mean
There are adequate facilities such as beddings and utensils that are used by the elderly within the institution	4%	4%	14%	12%	66%	4.32
The boarding facilities within the institution are well spaced to provide for adequate ventilation and fresh air circulation in the areas where the elderly live	0%	4%	8%	30%	58%	4.42
When the elderly fell sick, they are attended to within the institution by the caregivers.	1%	4%	6%	53%	36%	4.16
The old within the institution are provided with money and cash transfers to gather for other services not provided within the institution	0%	4%	2%	46%	48%	4.38
Average	2%	4%	8%	35%	52%	4.32

Source: Researcher (2015)

Table 2 above shows that 78% of the respondents agreed that there are adequate facilities such as beddings and utensils that are used by the elderly within the institution, 88% agreed that the boarding facilities within the institution are well spaced to provide for adequate ventilation and fresh air circulation in the areas where the elderly live, 89% agreed that when the elderly fell sick, they are attended to within the institution by the caregivers and finally 94% of the respondent agreed that the old within the institution are provided with money and cash transfers to cater for other services not provided within the institution. The mean score for this section was 4.32 which

indicated that majority of the respondents agreed with the statements about the holistic care given by the institution.

From interviewing the elderly, it was found that Majority of the old persons are very happy living in the institution and enjoy the peace that surpasses their understanding while living there. The findings agree with those of Cheng, Rosenberg, Wang, Yang and Li (2011) who conducted a study on Aging, health and place in residential care facilities (RCFs) in Beijing, China. Results indicated that most of the elderly residents were satisfied with their lives in RCFs. Each RCF, as a place with its unique physical and social environment, has a significant influence on the elderly residents' physical and psychosocial well-being.

4.3 2 Influence of Institutionalized Policy and Frame Work on the Psychosocial Well-being of Elderly

The second objective of the study was to establish how institutional policy and frameworks influences the psychosocial well-being of elderly. Results are presented in Table 3 below.

Table 3 above shows that 86% of the respondents agreed that the policies of the institution are well defined and effectively executed in order to attain the mission, 86% agreed that the institution has clearly set out policies that are to be followed when admitting the elderly to the institution 64% agreed that Policies within the institution promote integrated services that are person-centred and tailored to people's needs, the elderly people have control over their own lives 68% of the respondent agreed that there is no age discrimination in accessing services and 92% of the respondent indicated that the Policies within the institution support fair and equitable access to integrated care among the older people. The mean score for this section was 3.92 which indicate that most of the respondent agreed with the statements on the policy framework in the institutions. From the interview the elderly assured that there is no discrimination in the institution and everybody else is treated equally with love.

The findings of the study collaborate with those of Hsieh (2011) who conducted a study to investigate the effect of older adults' functional capacity, self-management ability, and intergenerational solidarity on the subjective well-being of older adults and their adult children. The results indicated a higher overall perceived health, lower self-management ability (related to financial resources), and more positive sentiments in affectual solidarity. Older adults' perceptions of self-management ability (related to financial resources) and intergenerational solidarity suppressed the effect of functional capacity on older adults' subjective well-being. The results suggest that older adults' self-management ability (related to financial resources) is the most predictive factor of their subjective well-being. Intergenerational solidarity was the only factor that predicted both older adults' and adult children's subjective well-being.

Table 3: Institutional Policy Frame Work for the Elderly

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean
The policies of the institution are well defined and effectively executed in order to attain the mission	2%	12%	0%	46%	40%	4.4
The institution has clearly set out policies that are to be followed when admitting the elderly to the institution	2%	6%	6%	20%	66%	2.26
Policies within the institution promote integrated services that are person-centred and tailored to people's needs, the elderly people have control over their own lives	8%	2%	6%	22%	62%	4.36
There is no age discrimination in accessing services	0%	4%	8%	26%	62%	4.4
Policies within the institution support fair and equitable access to integrated care among the older people	0%	0%	8%	18%	74%	4.18
Average	6%	20%	6%	23%	46%	3.92

Source: Researcher (2015)

4.3.3 Influence of Stakeholders Participation in Institutionalized Care of the Elderly

The third Objective of the study was to examine the influence of stakeholder participation in institutionalized care of the elderly on their psychosocial well-being. Results are presented on Table 4.

Table 4: Stakeholders Participation

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Likert Mean
The institution has received resource transfers either in cash or facilities from the relevant ministry	16%	0%	4%	44%	36%	3.22
The families of the elderly people within the institution provide the required support for caring of their loved ones.	2%	8%	12%	62%	16%	2.68
The management within the institution find time to attend to the needs of the elderly besides the attention they receive from the caregivers within the institution	2%	16%	6%	56%	20%	3.20
The caregivers within the institution are well trained and receive on-the-job training to effectively look after the elderly	12%	16%	2%	64%	6%	3.14
The community surrounding the institution supports the management towards ensuring that the institution provides the care to the elderly.	4%	18%	10%	34%	34%	3.14
Average	7%	12%	7%	52%	22%	3.08

Source: Researcher (2015)

Table 5 above shows that 80% of the respondents agreed that the institution has received resource transfers either in cash or facilities from the relevant ministry, 78% agreed that the families of the

elderly people within the institution provide the required support for caring of their loved ones, 76% agreed that the management within the institution find time to attend to the needs of the elderly besides the attention they receive from the caregivers within the institution, 70% of the respondent agreed that the caregivers within the institution are well trained and receive on-the-job training to effectively look after the elderly and 68% of the respondent agreed that the community surrounding the institution supports the management towards ensuring that the institution provides the care to the elderly . The mean score for this section was 3.08 which indicated that majority of the respondents agreed with the statements on stakeholders support to the elderly. From the interview majority get alot of help from the surrounding communities and also their families and they also have a privilege to get news update through the radio and they are very satisfied with the institution and most happy with the sisters who treat them exceptionally well.

The results of the study agree with those of Oladeji (2011) who conducted a study on family care, social services, and living arrangements factors influencing psychosocial well-being of elderly from selected households in Ibadan, Nigeria. Results obtained indicated that significant relationships existed between family care, social services, and living arrangements and psychosocial well-being of elderly. Specifically, the influence of family care is significantly related to psychosocial well-being of elderly persons. It was observed that emotional support, care in an illness, financial support, home repairs, and housework have influence on psychosocial well-being of elderly in their later life. The results also revealed that social services are significantly positively related to psychosocial well-being of elderly people.

4.3.4 Psychosocial Well Being for the Elderly

The main objective of the study was to determine how institutionalized care provision to the elderly influences their psychosocial well-being. Table 5 below shows the findings on the role of institutionalized care for the elderly in Kenya.

Table 5 above shows that 80% of the respondents agreed that the institution provides emotional support to the elderly people through biblical teachings regularly, 80% disagreed that they felt lonely and depressed by being in the institution, 80% also agreed that being in the institution has led to increased social interaction with other people within the institution. In addition, 86 % of the respondents agreed that the institution organizes social activities for the elderly regularly, 90% agreed that they receive adequate medical attention within the institution and 94% agreed that living arrangements provided by the institution are comfortable and are good resting places for the old. The mean score for this section was 3.99 which indicated that majority of the respondents agreed with the statements on psychological wellbeing for the aged.

Table 5: Psychosocial Well Being for the Elderly

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Likert Mean
The institution provides emotional support to the elderly people through biblical teachings regularly	2%	12%	6%	4%	76%	4.4
I feel lonely and depressed by being in the institution	18%	62%	4%	8%	8%	2.26
Being in the institution has led to increased social interaction with other people within the institution	4%	4%	12%	12%	68%	4.4
The institution organizes social activities for the elderly regularly	0%	4%	10%	28%	58%	4.36
We receive adequate medical attention within the institution.	2%	4%	4%	54%	36%	4.18
The living arrangements provided by the institution are comfortable and are good resting places for the old	0%	4%	2%	48%	46%	4.36
Average	4.3%	15%	6.3%	25.7%	48.7%	3.99

Source: Researcher (2015)

From the interview the elderly accounted that they are more comfortable in the institution and their lives have improved compared to their homes. In the institution, everyone has his/her own room which creates room for their own privacy. Majority of them are visited by family friends or volunteers who encourage them and this make them contented and healthy.

The results of the study agree with those of Oladeji (2011) who conducted a study on family care, social services, and living arrangements factors influencing psychosocial well-being of elderly from selected households in Ibadan, Nigeria. Results obtained indicated that significant relationships existed between family care, social services, and living arrangements and

psychosocial well-being of elderly. Specifically, the influence of family care is significantly related to psychosocial well-being of elderly persons. It was observed that emotional support, care in an illness, financial support, home repairs, and housework have influence on psychosocial well-being of elderly in their later life. The results also revealed that social services are significantly positively related to psychosocial well-being of elderly people.

The study agree with those of Cheng, Rosenberg, Wang, Yang and Li (2011) who conducted a study on Aging, health and place in residential care facilities (RCFs) in Beijing, China. The research aims of the study were to understand the well-being of elderly residents in RCFs and how the environment of RCFs affects elderly people's everyday activities and health. The results showed that most of the elderly residents are satisfied with their lives in RCFs, but a few of them feel isolated and depressed after their relocation. Each RCF, as a place with its unique physical and social environment, has a significant influence on the elderly residents' physical and psychological well-being. Individual factors such as characteristics of elderly residents, their attitudes on aging and residential care, and family support also play important roles in their adaptation and well-being after relocation from home to RCFs.

4.3.5 Bivariate Correlation

The table below shows the relationship between the dependent and independent variables.

Table 6: Bivariate Correlation

Variable		Psychological Well Being	Holistic Care	Stakeholder participation	Policy Frameworks
Psychological Well Being	Pearson Correlation	1			
	Sig. (2-tailed)				
Holistic Care	Pearson Correlation	0.724	1		
	Sig. (2-tailed)	0.000			
Stakeholder participation	Pearson Correlation	0.329	0.383	1	
	Sig. (2-tailed)	0.02	0.006		
Policy Frameworks	Pearson Correlation	0.085	0.143	0.185	1
	Sig. (2-tailed)	0.000	0.322	0.199	

Source: Researcher (2015)

Table 6 above displays the results of correlation on test analysis between the dependent variable (psychological well-being) and independent variables. It also shows the correlation among the independent variables themselves. Results on Table 6 show that psychological well-being positively correlated with all the independent variables. This reveals that any positive change in these variables led to improved Institutionalized care for the elderly.

5.0 CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

Based on the objectives and the findings of the study, the following conclusion can be made. Institutionalized care for the old was found to influence psychosocial well-being of elderly. The care given to the elderly is very important because it influences their psychosocial well-being and hence improves the live of the elderly.

Institutional policy framework was found to influence the psychosocial well-being of elderly. Old person placed in the institution for the aged do have relative and non-relative caregivers. Further it is clear from this study that old people are comfortable with the policy frame work for the institution and they have good attitude towards their caregivers which influences positively towards their psychosocial well-being.

Stakeholder Participation was a key factor in determining the psychosocial well-being of elderly. The support from different people from diverse background in areas of feeding, health care and social networking of the aged ,affects their lives positively. Good health is older people's most important asset. It enables them to continue working, function independently, and maintain a reasonable standard of living.

5.2 Recommendations

It is recommended that the institutions should ensure that the elderly have a life satisfaction in terms of the ability to transform negative to positive outcome. The institution should ensure that the elderly never lack basic needs and there health is good.

As people get older, they may experience decline in different psychological and social functions that expose them to emotional and physical vulnerability. Institutions should ensure caregivers within the institution are well trained and receive on-the-job training to effectively look after the elderly. The community at large should support the management towards ensuring that the institution provides the care to the elderly.

It is recommended that focus groups, government and many stakeholders should come forth in the support of the elderly by ensuring good health, food, shelter and other essentials are never lacked in the institutions.

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