

Elderly people living in institution and in home: A study of psycho-social factors

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ABSTRACT

The present study was conducted to compare psycho-social factors among elderly people living in home with family and in old age institution. The study is based on an urban sample of 60 individual saged 60 years and over. Out of these, 30 were institutionalized and 30 were from homeset-up. The data was collected using an especially self designed questionnaire and observation technique which consist 65 items, divided into 13 dimensions which measures the psycho-social factors of elderly people eg self-esteem, cognitive capacity, meaningful roles, social contacts etc. in different areas. The research employs Mean, S.D. and t test for the statistical analysis. The result shows that various dimensions of psycho-social factors who are living in home have better in comparison of elderly people living in institution.

INTRODUCTION

The elderly age is an integral part of human life. It is the evening of life. It is unavoidable, undesirable, unwelcome and problem- ridden phase of life. Old age is called "dark" not because the light fails to shine but because people refuse to see it (Gowri, 2003). The expectancy of life in India is much less than 60 years. Psychologically too, most Indians appear to consider themselves old earlier than the chronological age of 60 years and the Indian women regard themselves to be old even much earlier (Montross *et al.*, 2006). In a globalizing world, the meaning of old age is changing across cultures and with in countries and families (Bergeron, 2001). Terms

for old people include seniors, senior citizens, older, adults, the elderly, and elders (American Psychological Association, 2010).

Problems that occur in one's psycho-social functioning can be referred to as "psychosocial dysfunction" or "psychosocial morbidity." This refers to the lack of development or atrophy of the psychosocial self, often occurring alongside other dysfunctions that may be physical, emotional, or cognitive in nature (Erikson, 1968).

Old age is a phase of life, which will arrive and stay till death takes its toll. The way a person adapts and copes, reflects his aging process on a psycho-social level (Griffiths and Thinnis, 2011).

Many are forced to sell off their property as a result of some dispute within the family or for their children's career, making them solely dependent on their children later. After a certain age, their health starts deteriorating and their mental faculties begin to diminish. Sometimes, these people cannot recognize their own family members and in such case these people are considered to be a burden and are thrown out.

The problem of loneliness and isolation is the gift of modern society. Often elderly people faces bad life events in their life such as the loss of spouse and old friends, faced with multi-dimensional problems like financial constraint and have no source of income, completely depending on their spouse or children. This situation of elderly people is really unfortunate and needs to be addressed properly (Prakash *et al.*, 2004). A feeling of loneliness adversely affects elderly people mental health which shows through some physical problems. Older adults may be experiencing a change in roles such as an empty nest, retirement and obsolete work skills in addition to declining health as reported by Orth *et al.* (1999).

The physiological decline in ageing refers to the physical changes an individual experiences because of the decline in the normal functioning of the body resulting in poor mobility, vision, hearing etc.

Change in socio-economic status adversely affects the individual's way of life after retirement. The economic loss is due to a change from salary to pension or unemployment leading to economic dependency on children or relatives. A feeling of low self-worth may be felt due to the loss of earning power and social recognition. Sometimes, these people cannot recognize their own family members. In such situations, these people are considered to be a burden and are thrown out. Since this leads to insecurity, and dependency is an important dimension of their well-being rectifying the situation will, to a measure, improve the well-being (Bernard, 1995 and Goswami, 2003).

According to estimates by the WHO, about 15 per cent of people aged 60+ are affected by Mental disorders (WHO, 2013). Another survey taken in 15 countries reported that mental disorders of adults interfered with their daily activities more than physical problems (Berk, 2010). Iyer (2003) found that life satisfaction is strongly related to socio-demo-graphic and psycho-social variables.

The present study was undertaken with the following

main objectives:

- To study the difference in psycho-social factors among elderly people, living in home and in institution.
- To study the difference in psycho-social factors among elderly people people, living in home and in institution with respect to gender.
- To compare the difference in various dimensions of psycho-social factors among elderly people, living in home and in institution.

MATERIAL AND METHODS

Hypotheses :

Ho 1 : The psycho-social factors among elderly people those who are living in home would be better as compared to those who are living in institution.

Ho 2 : The psycho-social factor among males and females living in home would be better than their counterpart living in institution.

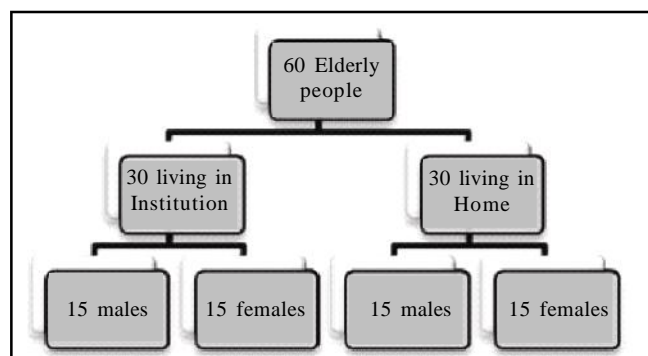
Ho 3 : The various dimensions of psycho-social factors among elderly people living in home would be better as compared to living in institution.

Sample size :

The present study is based on an urban sample of 60 individuals aged 60 years and over. Out of these, 30 were institutionalized and 30 were from homeset-up.

Locale of study :

The data were collected from of colonies of Jaipur city. The data was collected using a specially designed Interview schedule and observation technique through a house-to-house survey for those residing in the family. The data on institutionalized aged was collected from, "Senior Citizen Form", Mansarovar and "Prem Niketan Ashram", Maharani Farm, Jaipur city.



Tools :

The tool is designed by Ms Savina Kumari (2012). The data was collected using an especially self designed questionnaire. The tool consist 65 items those divided into 13 dimensions which measures the psycho-social factors of old age people in different areas.

Method of scoring :

The scoring pattern of the tool is from the beginning the item number 1 to 55 and from 61 to 65 scoring pattern is 4, 3, 2, 1, and 0. And the scoring pattern of the item number 56 to 60 is reversed that is 0, 1, 2, 3 and 4.

Statistical analysis :

The data was tabulated with Mean, S.D. and t test was applied to study the significant difference.

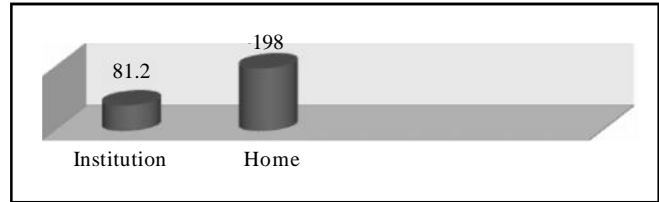


Fig. 1 : Old age people living in institution and living in home

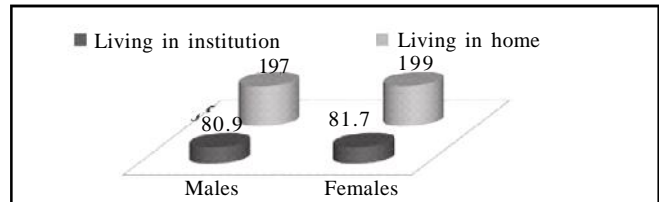


Fig. 2 : Old males and females living in institution and in home

OBSERVATIONS AND ANALYSIS

The results obtained are presented in Fig. 1 to 3 and The results were compiled in accordance to the framed hypotheses- Ho1. The psycho-social factors among old age people those who are living in home would be better as compared to those who are living in institution.

It indicates that old people living in home have better psycho social factors than old people living in institution, most probably because of better living conditions as well as have good resources and facilities. Hence the Ho1 is accepted. The result is supported by Becker and Rapp (2010), who showed in their study that prevalence of risk factors is higher in nursing homes and most residents have more than one risk factor. Apart from this, well established risk factors like muscular weakness, balance and gait deficits, poor vision, delirium, cognitive and functional impairment, orthostatic hypotension, urinary incontinence, medications (number of drugs,

antidepressants, psychotropics, non-steroidal anti-inflammatory drugs, vasodilators) and comorbidities (depression, stroke, Parkinson disease, arthritis) were also observed in people living in institutions as found in research by Rubenstein *et al.* (1994). Ultimately, it could be concluded that the general feelings of the elderly women living in the families had better position than that of the elderly women of the institution (Dubey *et al.*, 2011).

H0 2 : The psycho-social factor among males and females living in home would be better than their counterpart living in institution.

The Table 2 shows that there is significant difference in the males and females of living in institution and in home. The t values are -11.2* and -15.8*, respectively which is significance at 0.05 level. They are not equal to each other because old age people living in Home, they get enough opportunity, facility, financial security, emotional support and warmth from their family members in

Group	Mean	N	S.D.	T	Significance
Living in institution	81.2	30	6.32	-191.1*	Extremely significant
Living in home	198	30	32.9		

* indicate significance of value at P=0.05

Gender	Living in institution			t	Living in home			
	Mean	N	S.D.		Mean	N	S.D.	t
Male	80.9	15	5.21	-11.2*	197	15	38.3	-15.8*
Female	81.7	15	7.54		199	15	27.7	

* indicates significance of value at P=0.05

comparison of old age people living in institution. Hence the Ho 2 is accepted.

Comparatively, in institutional setting a higher per cent (66.5%) of respondents showed high quality of life than non-institutional (0%) settings. Contradicting to the findings Mathew *et al.* (2009) study revealed that institutionalized elderly showed low level of quality of life compare to non-institutional.

It is surprising to know that none of the respondents living in non-institutional setting had high level of quality of life. In institutional settings more women respondents (24.5%) reported low level of quality of life compared to men respondents (8.5 %). The present study support the finding of Tavar *et al.* (2008).

Women reported significant poorer quality of life than men 14. Whereas, in non-institutional settings quality of life distribution is similar in both men and women respondents. A study conducted by Chou and Chi (2000) revealed that elderly people living alone have a higher level of financial strain, more depressive symptoms than others and have a lower level of satisfaction with life.

Ho 3 : The various dimensions psycho-social factors among old age people living in home would be better as compared to living in institution.

It can be observed from the Table 2 that the various dimensions of psycho social factor viz., self esteem, Social Contacts and Dependency are very significant among old age people living in Home as compared to living in

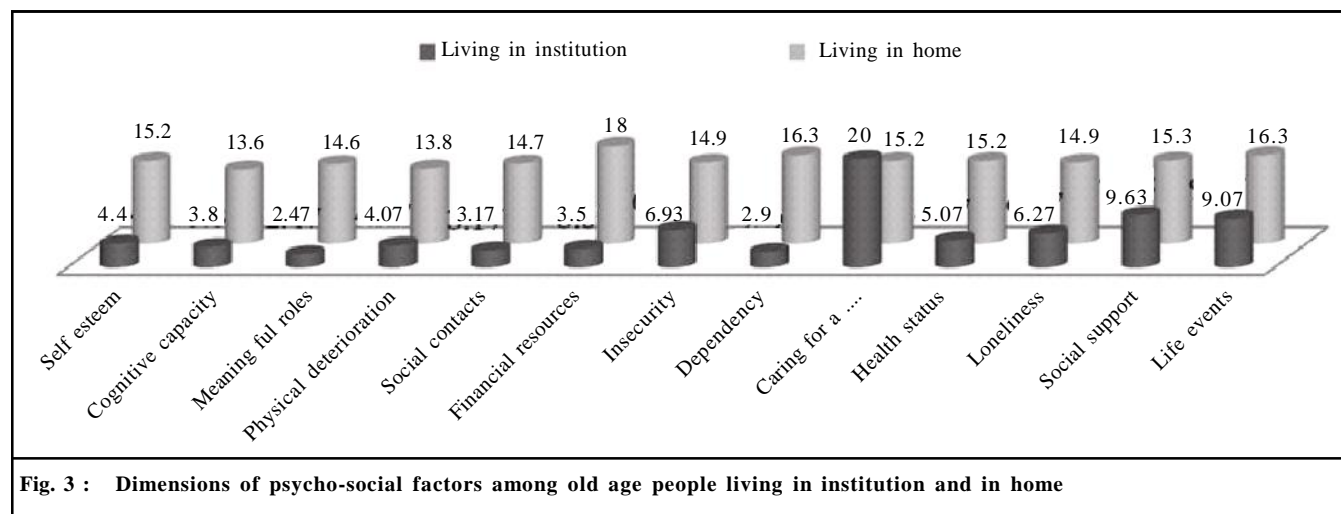


Fig. 3 : Dimensions of psycho-social factors among old age people living in institution and in home

Dimension of psycho-social factor	Living in institution			Living in home			t
	Mean	N	S.D.	Mean	N	S.D.	
Self esteem	4.40	30	2.09	15.2	30	3.38	-14.98*
Cognitive capacity	3.80	30	1.30	13.6	30	3.65	-13.8*
Meaningful roles	2.47	30	1.07	14.6	30	4.45	-14.5*
Physical deterioration	4.07	30	1.53	13.8	30	4.92	-10.3*
Social contacts	3.17	30	1.32	14.7	30	4.09	-14.7*
Financial resources	3.50	30	1.57	18.0	30	2.57	-26.3*
Insecurity	6.93	30	1.20	14.9	30	3.89	-10.7*
Dependency	2.90	30	1.42	16.3	30	3.67	-18.6*
Caring for a chronically ill	20.0	30	0.00	15.2	30	4.62	5.73*
Health status	5.07	30	1.74	15.2	30	4.12	-12.4*
Loneliness	6.27	30	1.62	14.9	30	3.78	-11.5*
Social support	9.63	30	1.40	15.3	30	3.37	-8.56*
Life events	9.07	30	1.28	16.3	30	2.82	-12.8*

* indicates significance of value at P=0.05

Institution, most probably because they are dependent in terms of money, physical health and dependent for take their decision and also have a good self image that help to make and maintain social contacts in society.

The various dimensions of psycho social factor *viz.*, Physical Deterioration and Financial Resources are extreme significant among old age people living in home as compared to living in institution, most probably because they receive good quality of food; proper medical facilities and exercise that reduces physical deterioration; have a good financial status for their family members and for securing their future life.

The various dimensions of psycho social factor *viz.*, cognitive capacity, meaningful roles, caring for a chronically ill, Loneliness and Life Events are statically significant among old age people living in home as compared to living in institution, most probably because they have good cognitive capacity to remember, coordinate, concentrates; have ability to learn new skills; feels no difficulty coping with changes. They have meaningful roles in other life and still a good decision maker. And if someone is chronically ill in their family so they are capable to take care of the sick person at home. They are so busy in their works and spend rest of the time with their family that doesn't feel him lonely in their life. If they seen and experience any bad event like death of close relative/partner/parent/child in their life so they have a strong family support to support them.

The dimension of psycho social factor *viz.*, Health Status is significant among old age people living in home as compared to living in institution, most probably because they intake adequate and sufficient dietary food; exercise and meditation that foster less physical problems and keep them healthy and fit. The dimension of psycho social factor *viz.*, Insecurity is quite significant among old age people living in home as compared to living in institution, most probably because they have family/friends/relative to guide them and always ready to help when they need.

The dimension of psycho social factor *viz.*, Social Support is not significant among old age people living in home as compared to living in institution because whether the person live in home or in institution, he got emotional and social support from the society in the form of spouse, friends, family, relative, any stranger etc. Nalini (2000) also found in their study that some of the respondents, had "feeling of insecurity," "Loss of dignity" and "Lack of emotional support" when neglected or ignored by the family.

Whereas a similar opinion was expressed by the institutionalized elderly -a more negative self-concept, lower level of self-esteem and a restricted interpersonal-self as compared to the non-institutionalized elders as has been reported by Antonelli *et al.* (2000). It has been found that two socio-demographic characteristics (income and education) influence life satisfaction both directly and also indirectly through psychosocial factors such as activity-physical activity level, satisfaction with leisure activities, and social contacts, Perceived health, and physical illness (Huoliqin, 2002).

Stressful family relationships and lack of family care precipitates the elderly's poor psycho-logical well-being (Litwin and Shiovitz, 2006).

It indicates that the various dimensions psycho-social factors among old age people living in home would be better as compared to living in institution. Hence, the H_0 is accepted.

Conclusion :

Old age people (Males and Females) who living in institution and in home are differ from each other due to lacking facility and opportunity and another reason is due to lack of financial and emotional support from family which reinforce better development of psycho-social factors.

The various dimensions of psycho-social factors who living in home have better in comparison of old age people living in institution because they get enough opportunity and facility, financial security, meaningful roles, emotional and social support, proper care and warmth from their family members.

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