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Psychosocial Consequences among Elderly Living In Institutional and Non-Institutional Settings

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ABSTRACT

Background - Elderly people face many psychological, physical and socio economic morbidities due to ageing. Institutional settings have been opened for those elderly people who are neither able to take care of themselves nor is there any person to look after them. ***Objectives-*** The present research work was conducted to study the quality of life, loneliness and psychological distress of the elderly males and females living in institutions and non-institutional settings in urban Jammu district. ***Methods –***The study was conducted using purposive sampling on 40 elderly living in institutional settings and 40 elderly living in non- institutional settings in the age range of 60-80 years. ***Tools used –*** GHQ by Gautam, Nuhawan and Kamal ,UCLA loneliness scale(Russell, 1996) and WHO (QOL-BREF, 1998), was used. ***Results –*** The results revealed significant differences on loneliness and quality of life between those living in institutional settings and those living with their families.

Keywords: *Elderly, Institutions, Non Institutions.*

Old age is related to sequence of processes that begin with life and continue throughout life (Warnick, 1995). According to population census 2011, there are nearly104 million elderly persons in India; 53 million females &51 million males. According to the last census, Jammu and Kashmir's elderly population constituted 7.4% of the total population of India (Central Statistical Organisation New Delhi, 2016). Aging is foreseeable. It results in part from the failure of body cells to function normally or to produce new body cells to replace those that are dead or malfunctioning. Human brain undergoes some changes as the person moves towards old age and these changes in brain result in changes in behaviour (American Psychological Association, 2006). This in turn results in significant physical, psychological, cognitive and social changes (Aldwin & Gilmer 20013) and these changes in physical, psychological and social roles may give rise to loneliness and diminished quality of life in elderly people. Loneliness can be defined as the manner in which the person perceives, experiences, and evaluates his or her isolation and lack of communication with other people (Constanca, Salma & Shah, 2006). There are many

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reasons why people feel lonely in old age and some of them are retirements, moving to shelter homes, loss of life partner, health problems and lack of family ties contributes to isolation and loneliness. Loneliness has to be reduced because it affects the quality of life of people. Previous researches on loneliness indicate that elderly living in old age homes feel more lonely in comparison to those living with their family (Meyer, 2010).People living in old age homes have diminished quality of life. Research in the context of quality of life of geriatric population living in shelter homes revealed that institutionalized elderly have low level of quality of life in comparison to those living with their families (Mathew, George & Paniyad, 2009). Quality of life is "an individual's perception of his or her position in life in the context of the culture and value system where they live, and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept, incorporating in a complex way a person's physical health, psychological state, level of independence, social relationships, personal beliefs and relationship to salient features in the environment." (World Health Organization [W.H.O], 2002). The speedy swell of modernization, increased rate of urbanization and fragmentation of joint family system have conspired to make geriatric population insecure and lonely. The emergence of old age homes came into existence for increasing security and care needs of elderly (Rayirala et.al, 2014). However the concept of residing in old age homes is quite new in India, the process of adjustment in old age homes by the residents, their feelings of satisfaction and dissatisfaction and expectations from family members provide an interesting field of inquiry (Mishra, 2008). Whenever the family is unable to provide full protection and security to the aged, the society has to look after them. Nowadays the old age homes are vital as they are required to take care of the elderly who are lonely and abandoned by their families. The problems of the aged have assumed importance because of the active changes that are taking place in the society. The accessibility of health and social service in these institutions are not in accordance with the needs of the geriatric population. Much of the researches on the problems faced by elderly have been done in western world but in India there is a dearth of literature on the problems faced by elderly living in old age homes and those living with their families (Devi and Roopa, 2013). Psychiatric interest in geriatric population in India has not been much but recently some studies have been conducted to assess the rates of psychiatric morbidity in the aged. Many of the elderly people are more prone to psychiatric illness because they are socially, economically and educationally deprived members of the society (Tiwari, 2001). This encouraged the researcher to explore this area.

Objective

- To assess the quality of life, loneliness and psychiatric morbidity among elderly living in institutions and those living with their families.

Hypothesis

- There will be significant difference between elderly living in institutions and those living with their families on the domains of quality of life, loneliness and psychiatric morbidity.

METHOD

Sample

The study sample comprised of 80 elderly people -40 elderly living in institutions (24 were males and 16 were females) and 40 elderly living with their families in Jammu city (24 were males and 16 were females) in the age range of 60-80 years. Purposive sampling was used. The Members of the institutions were selected from 2 shelter homes ("Home for the Aged" and "Aashrayee") located in Jammu (J&K), who had been in the shelter for an average of more than 2 years.

Tools used

Socio-demographic record sheet -: It was used to collect information about name, age, gender, duration and reason of stay in shelter homes.

WHOQOL-BREF (1998)-: It contains a total of 26 questions. To provide a broad and comprehensive assessment, one item from each of the 24 facets contained in the WHOQOL-100 has been included. In addition, two items from the Overall quality of Life and General Health facet have been included. The scale has 4 domains i.e. physical health, psychological health, social relationships and environment. These domains were assessed with Likert-type questions ranging from not at all (1) to an extreme amount (5).This instrument's cross-cultural validity and reliability has been tested and retested by WHO in several studies (Skevington Lofty & Connel , 2004).

UCLA Loneliness Scale (Russell Peplau & Ferguson, 1978) - A 20-item scale designed to measure one's subjective feelings of loneliness as well as feelings of social isolation. The measure was highly reliable, both in terms of internal consistency (coefficient *a ranging from .89 to* .94) and test-retest reliability over a 1-year period (*r = .73). Convergent validity for the* scale was indicated by significant correlations with other measures of loneliness.

General Health Questionnaire (GHQ)- This questionnaire (Goldberg, 1972) has been widely used as a screening instrument for the detection of the possible presence for psychiatric morbidity. Goldberg developed the 60 item original version of the GHQ in 1972. Now the 30, 28 and 12 item version is in vogue. The 12 item version which is a very popular screening measure in primary care and community settings is used in the current study. It is a 4- point scale in which each item is noted on a 2 -point scale (if the individual opts for any of the first two options it is rated as 0 and if the individual opts for 3^{rd} or 4^{th} option it is rated as 1). A score of less than 3 indicated that the subject is free from any psychiatric illness. Test- retest reliability comes out to be 0.86 and split-half reliability of the GHQ-12 is 0.83 (Goldberg & Williams, 1988).

Procedure

The permission was sort from the higher authorities of shelter homes and informal visits were carried out for building rapport with the before conducting the actual research. At the outset the purpose of the study was explained to them. Respondents were also informed about the confidentiality of the information provided and given opportunity to participate or refuse to participate. Following this the questionnaires were administered. The participants preferred to

have the questions read to them. Only a few participants preferred to fill in the questionnaires on their own. The questionnaires were taken back immediately after they were filled in. Following this scoring work was done. SPSS 20 was used for analyzing the data.

Inclusion criteria

People falling in the age range of 60-80, both male and female, urban population, and those living in the shelter home for an average of more than 2 years were included in the research.

Exclusion criteria

People who are not willing to participate and those with severe deafness and speech problems were excluded from the research.

RESULTS

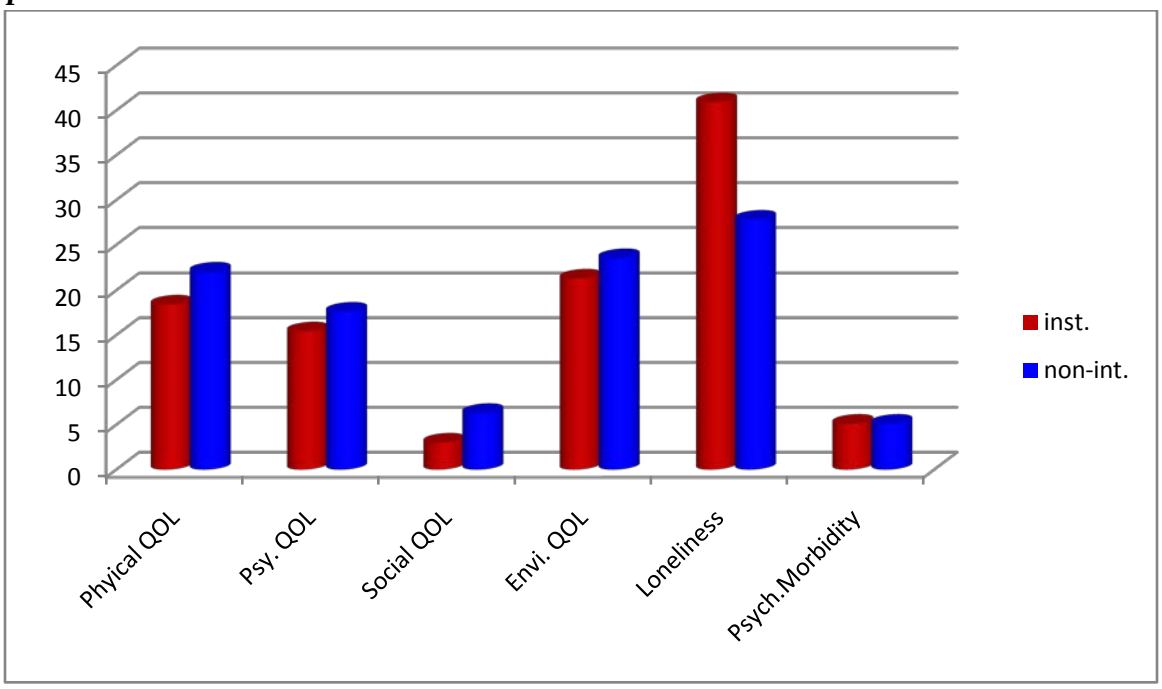
Table 1, Independent T-Test Results Comparing Quality Of Life, Loneliness And Psychiatric Morbidity Of Institutionalized Elderly And Elderly Living With Their Families.

Variables	Institutionalized Elderly (N=40) Mean S.D	Non institutionalized Elderly (N=40) Mean S.D	t	p
Physical health (QOL)	18.4 4.0	22.0 3.3	4.35**	.ooo
Psychological health (QOL)	15.4 4.8	17.6 3.9	2.25*	.027
Social relationship(QOL)	3.0 1.4	6.3 1.9	8.78**	.000
Environment (QOL)	21.3 3.5	23.5 6.9	1.76	.081
Loneliness	4o.9 16.0	27.8 15.9	3.64**	1.000
Psychiatric morbidity	5.1 2.8	5.1 2.7	.000	.000

*significant at .05, **significant at 0.01

Table 1 shows significant difference between institutionalized elderly and elderly living with their families on physical health ($t=4.35$, $p<.01$), psychological health ($t=2.25$, $p<.05$), social relationship ($t=8.78$, $p<.01$) and loneliness ($t=3.64$, $p<.01$).

Graph 1



QOL (Quality of life).

DISCUSSION

Elderly living in shelter homes have high level of exposure to severe psychosocial stressors. Elderly living in shelter homes are socially and economically deprived. Further they are institutionalized due to variety of problematic circumstances. Keeping this in mind the study was conducted. Present study explored the Quality of life, loneliness and psychiatric morbidity of inhabitants of selected old age homes at Jammu city. Findings of the present study revealed that there is a significant difference on physical health (QOL), psychological health (QOL) and social relationships (QOL) which indicate that elderly living in institutions have diminished quality of life in comparison to elderly living within family set up. Similar were the findings by Mathew George & Paniyad (2009) who reported that elderly residing in shelter homes showed lower level of quality of life in comparison to those living with their families. On the contrary there is also contradictory evidence on the same which reports that elderly living in institutions have high quality of life in comparison to those living with their families (Devi & Roopa, 2012). Regarding loneliness and psychiatric morbidity there is a significant difference on loneliness which indicates that most of elderly living in shelter homes are lonelier compared to elderly living in non shelter homes. Previous literature also supports the current findings which revealed that elderly people moved to shelter housing are more prone to the feelings of loneliness (Sarah, 2011). Regarding psychiatric morbidity the current findings are not statistically significant and these findings are in concordance with the findings of Rayirala et.al 2014.

As majority of the elderly in our study have low quality of life and are lonelier than those living with their families, this disturbance demands for preventive psychological interventions for this aged population. Quality of life, Loneliness and mental health among geriatric population living in shelter homes can be reduced by providing social support which includes videoconferences, frequent visits by family members and friends. They should also encourage and motivate their residents to play different games like chess, crossword and puzzle. They can also include light exercises like yoga and walking in their routine.

As with all studies, there are limitations to the design and methods of this research study. So these methodological limitations need to be taken into account when considering the results. The study is carried out in a limited time period and the sample size is modest and has been recruited using purposive sampling method from only Jammu district of Jammu and Kashmir which means they lack generalizability. Further research is needed to explore the role of factors contributing to diminished quality of life, loneliness and psychiatric morbidity of geriatric population living in elderly care homes.

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Conflict of Interests

The author declared no conflict of interests.

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