Research Paper

Geriatric depression and anxiety among institutionalised female senior citizen

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ABSTRACT

The aim of the present study is to find out the level and relationship between geriatric depression and anxiety among institutionalized female senior citizen. The area of the study was from three old age homes, namely, Missionaries of Charity (Mother Teresa Home), Anantham Old Age Home and Ozanam Old Age Home in Coimbatore, 100 inmates (100 females) in the range of 65-90 were selected by purposive sampling method. Most of them are (50%) are from low socio-economic background, 45% are from middle socio-economic background and 5% are from middle class of society. The tools used for the study are personal date sheet to collect their demographical details, Geriatric depression scale and Geriatric anxiety scale with highly standard norms. The Experimental design was single group pretest design and the data were analysed with SPSS on percentage analysis, correlation and Chi square. The results of the study indicate that There will be statistical positive relationship between geriatric depression and anxiety among the selected old people. It was found in this study that there is a positive relationship between these variables. The hypotheses of the age differences in physical mobility and cognitive decline were found significant. It was found that surgery has an impact on the depression, Age group of 65-70 of the respondents experience severe level of anxiety and Married respondents undergo severe level of anxiety. There is a Positive relationship between depression and Anxiety. The study was carried out with an assumption that demographic variables will influence each of the variables of the study.

Keywords: Geriatric Depression, Geriatric Anxiety, Institutionalized senior citizens.

Old age is the closing period in the life span. In human beings, old age is the final stage of the normal life span. Old age comprises "the later part of life", the period of life after youth and middle age. "Old age" or the "elderly" are the terms, which are frequently used, both in popular usage and in academic environment to refer to those who are above 60 years. Age sixty is usually considered the dividing line between middle and old age. The United Nations has agreed that 65+ years may be usually denoted as old age and this is the first

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attempt at an international definition of old age. Most developed Western countries set the age of 60 to 65 for retirement. Being 60-65 years old is usually a requirement for becoming eligible for senior social programs.
2000).

Depression
The term depression covers a variety of negative moods and behaviour changes. Some are normal mood fluctuations and others meet the definition of clinical problems. The mood change may be temporary or long-lasting. It may range from a relatively minor feeling of melancholy to a deeply negative view of the world and an inability to function effectively.

Pervasive feeling of sadness that may begin after some loss or stressful event, but that continues long afterwards. Inappropriate thought patterns that generalize every event as a calamity are characteristic.

Anxiety
The term anxiety is usually defined as a diffuse, vague, very unpleasant feeling or fear and apprehension. The anxious person worries a lot, particularly about unknown dangers.

An affect with both psychological and physiology aspect. Generally, an unpleasant emotional state accompanied by physiological arousal and the cognitive elements of apprehension, guilt and a sense of impending disaster. Distinguished from fear, which is an emotional reaction to a specific or identifiable object.

Objectives
The objectives of the present study are as follows.
1. To find out the level of depression of the selected sample.
2. To find out the level of age difference in depression of the selected sample.
3. To find out the level of marital status in depression of the selected sample.
4. To find out the level of educational difference in depression of the selected sample.
5. To find out the level of depression among the respondents with sibling.
6. To find out the level of residence in depression of the selected sample.
7. To find out the level of surgery difference in depression of the selected sample.
8. To find out the level of physical problems in depression of the selected sample.
9. To find out the level of psychological problems in depression of the selected sample.
10. To find out the level of anxiety of the selected sample.
11. To find out the level of age difference in anxiety of the selected sample.
12. To find out the level of marital status in anxiety of the selected sample.
13. To find out the level of educational difference in anxiety of the selected sample.
14. To find out the level of anxiety among the respondents with sibling.
15. To find out the level of residence in anxiety of the selected sample.
16. To find out the level of surgery difference in anxiety of the selected sample.
17. To find out the level of physical problems in anxiety of the selected sample.
18. To find out the level of psychological problems in anxiety of the selected sample.
19. To find out the difference between depression and anxiety among the selected old people.
20. To find out the relationship between depression and anxiety among the selected old people.

Sample
From three old age homes, namely, MISSIONARIES OF CHARITY (MOTHER TERESA HOME), ANANTHAM OLD AGE HOME and OZANAM OLD AGE HOME in Coimbatore, 100 inmates (100 females) in the range of 65-90 were selected by purposive sampling method. Purposive sampling method is the technique in which the individual units are selected by some purposive method. Most of them are (50%) are from low socio economic background, 45% are from middle socio economic background and 5% are from middle class of society.

Area of the sample
Three old age homes in Coimbatore namely Mother Teresa Home, Anantham old age home and Ozanam old age home were selected.

Tools
Personal data sheet was used to collect the relevant background details of the selected sample like their age, marital status, was adopted by them to manage tension, causes of anxiety/depression, etc. Geriatric Depression Scale was used to assess the level of Depression of the sample. This scale consists of 15 questions which have to be responded by giving Yes or No. Each Yes response carries a score of 1. The total scores are summed and interpreted using the norms. The level of anxiety of the sample was measured using Geriatric Anxiety Scale. It consists of 14 items related to the symptoms of anxiety experienced by the sample over the past one week. Scores are interpreted with the help of the norms.

Procedure
Initially, permission was obtained from the authorities of Mother Teresa Home, Anantham old age home and Ozanam old age, Coimbatore. Then the investigator established rapport with the inmates of the institution. The Personal Data Sheet was given to each of them and relevant personal background details were collected. Later, the Geriatric Depression Scale and Geriatric Anxiety scale were provided to them individually one after the other and they were asked to respond to the questionnaires as per the given instructions. Their scores were recorded as per the norms and were interpreted. Out of the total sample, 100 senior citizens whose responses to both the questionnaires were competed were selected as the sample. The results are tabulated and taken for further discussion.

Experimental design
A single group pre-test design was used in this study.

Analysis of data
The tabulated results were statistically analysed using percentage analysis, correlation and chi-square.

RESULTS & DISCUSSION
Objectives 1
To find out the level of age difference in depression of the selected sample.

Hypotheses 1
There will be statistically significant in age difference on the level of depression in the sample.

Table 1.1 The influence of age among the Institutionalized Elderly and the level of depression

Level	Age			Total
	65-70	70-80	80 Above	
Severe	19	29	10	58
Moderate	15	14	7	36
Mild	3	2	1	6
Total	**37**	**45**	**18**	**100**

Chi Square Test

	value	df	Significance
Pearson chi square	1. 637	4	0.802

Interpretation

From the above table the chi square value is 1. 637 and Significance level is 0.802 (P> 0.05) and this shows there is a no significance different in age on the level of Depression. Hence the hypothesis, there will be statistically significant in age difference on the level of depression in the sample is rejected

Objectives 2

To find out the level of marital status in depression of the selected sample.

Hypotheses 2

There will be statistically significant in marital status difference on the level of depression in the sample.

Table 1.2 The influence of Marital status among the Institutionalized Elderly and the level of depression

Level	Marital status		Total
	Single	Married	
Severe	14	44	58
Moderate	5	31	36
Mild	1	5	6
Total	**20**	**80**	**100**

Chi square test

	value	df	Significance
Pearson chi square	1.503	2	0.472

Interpretation

From the above table the chi square value is 1.503 and Significance level is 0.472 (P< 0.05) and this shows there is a no significance different in marital status on the level of Depression. Hence the hypothesis, there will be statistically significant in marital status difference on the level of depression in the sample is rejected.

Objectives 3

To find out the level of educational difference in depression of the selected sample.

Hypotheses 3
There will be statistically significant in education difference on the level of depression in the sample.

Table 1.3 The influence of Education Qualification among the Institutionalized Elderly and the level of depression

Level	Education		Total
	Illiterate	**Educated**	
Severe	38	20	58
Moderate	25	11	36
Mild	5	1	6
Total	**68**	**32**	**100**

Chi Square Test

	value	df	Significance
Pearson chi square	0.847	2	0. 655

Interpretation
From the above table the chi square value is 0.847 and Significance level is 0. 655 (P< 0.05) and this shows there is a no significance different in education difference on the level of Depression. Hence the hypothesis, there will be statistically significant in education difference on the level of depression in the sample is rejected.

Objectives 4
To find out the level of depression among the respondents with sibling.

Hypotheses 4
There will be statistical significant in siblings difference on the level of depression in the sample.

Table 1.4 The influence of Siblings among the Institutionalized Elderly and the level of depression

Level	Siblings			Total
	No siblings	**1 siblings**	**2 and above siblings**	
Severe	20	9	29	58
Moderate	10	7	19	36
Mild	0	3	3	6
Total	**30**	**19**	**51**	**100**

Chi Square Test

	value	df	Significance
Pearson chi square	5.691	4	0.223

Interpretation
From the above table the chi square value is 5.691 and Significance level is 0.223 (P< 0.05) and this shows there is a no significance different in respondent with siblings on the level of Depression. Hence the hypothesis, there will be statistical significant in siblings difference on the level of depression in the sample is rejected.

Objectives 5
To find out the level of residence in depression of the selected sample.

Hypotheses 5
There will be statistically significant in-residence difference on the level of depression in the sample.

Table 1.5 The influence of Residential Area among the Institutionalized Elderly and the level of depression

Level	Residence		Total
	Rural	Urban	
Severe	25	33	58
Moderate	16	20	36
Mild	1	5	6
Total	**42**	**58**	**100**

Chi Square Test

	Value	D2	Significance
Pearson chi square	1. 698	2	0.428

Interpretation
From the above table the chi square value is 1. 698 and Significance level is 0.428 (P< 0.05) and this shows there is a no significance different in residence on the level of Anxiety. Hence the hypothesis, there will be statistically significant in-residence difference on the level of depression in the sample is rejected.

Objectives 6
To find out the level of surgery difference in depression of the selected sample.

Hypotheses 6
There will be statistically significant in surgery difference on the level of depression in the sample.

Table 1.6 The influence of Surgery among the Institutionalized Elderly and the level of depression

Level	Surgery		Total
	Undervent surgery	No surgerical history	
Severe	24	34	58
Moderate	20	16	36
Mild	5	1	6
Total	**49**	**51**	**100**

Chi square test

	value	D2	Significance
Pearson chi square	4.797	2	0.05

Interpretation

From the above table the chi square value is 4.797 and Significance level is 0.05 (P= 0.05) and this shows there is a significance different in surgery on the level of Depression. Hence the hypothesis, there will be statistically significant in surgery difference on the level of depression in the sample is retained.

Objectives 7

To find out the level of physical problems in depression of the selected sample.

Hypotheses 7

There will be statistically significant in physical problems difference on the level of depression in the sample.

Table 1.7 The influence of Physical problems among the Institutionalized Elderly and the level of depression

Level	Physical problems								Total
	Arthritis	Asthma	Heart related problem	Cancer	Kidney related problems	Sleeping problem	Loss of appetite	More than 2 physical problems	
Severe	26	5	4	6	4	11	1	1	**58**
Moderate	12	3	8	5	4	2	1	1	**36**
Mild	1	2	0	3	0	0	0	0	**6**
Total	**39**	**10**	**12**	**14**	**8**	**13**	**2**	**2**	**100**

Chi square test

	value	D2	Significance
Pearson chi square	21. 676	14	0.086

Interpretation

From the above table the chi square value is 21. 676 and Significance level is 0.086 (P< 0.05) and this shows there is a no significance different in physical problem on the level of Depression. Hence the hypothesis, There will be statistical significant in physical problems difference on the level of depression in the sample is rejected.

Objectives 8

To find out the level of psychological problems in depression of the selected sample.

Hypotheses 8

There will be statistically significant in psychological problems difference on the level of depression in the sample.

Table 1.8 The influence of Psychological Problems among the Institutionalized Elderly and the level of depression

Level	Psychological problem				Total
	Anxious about death	Worthlessness	Lonliness	Other psychological related problems	
Severe	17	11	30	0	58
Moderate	13	5	14	4	36
Mild	3	1	2	0	6
Total	**33**	**17**	**46**	**4**	**100**

Chi Square Test

	Value	D2	Significance
Pearson chi square	9.337	6	0.156

From the above table the chi square value is 9.337 and Significance level is 0.156 (P< 0.05) and this shows there is a no significance different in psychological problems on the level of Depression. Hence the hypothesis, there will be statistically significant in psychological problems difference on the level of depression in the sample is rejected.

Table 1.9 The level of Anxiety of the overall sample.

Level	Sample	Percentage
Severe	46	46
Moderate	53	53
Mild	1	1
Total	**100**	**100**

Interpretation
The above table reveals the anxiety among the overall sample. It is recorded that 46 percent of the overall sample comes under severe in anxiety, 53 percent comes under the moderate in anxiety and 1 percent comes under the mild in anxiety.

Objectives 9
To find out the level of age difference in anxiety of the selected sample.

Hypotheses 9
There will be statistical significant in age difference on the level of anxiety in the sample.

Table 1.10
The influence of age among the Institutionalized Elderly and the level of Anxiety

Level	Age			Total
	65-70	70-80	80 Above	
Severe	23	16	7	4
Moderate	13	29	11	53
Mild	1	0	0	1
Total	**37**	**45**	**18**	**100**

Chi Square Test

	Value	df	Significance
Pearson chi square	8.632	4	0.051

Interpretation
From the above table the chi square value is 8.632 and Significance level is 0.051 (P= 0.05) and this shows there is a significance different in age on the level of Anxiety. Hence the hypothesis stating There will be statistically significant in age difference on the level of anxiety in the sample is Retained.

Objectives 10
To find out the level of marital status in anxiety of the selected sample.

Hypotheses 10
There will be statistically significant in marital status difference on the level of anxiety in the sample.

Table 1.11 The influence of Marital status among the Institutionalized Elderly and the level of Anxiety

Level	Marital status		Total
	Single	**Married**	
Severe	11	35	46
Moderate	8	45	53
Mild	1	0	1
Total	**20**	**80**	**100**

Chi Square Test

	Value	**df**	**Significance**
Pearson chi square	5.237	2	0.053

Interpretation
From the above table the chi square value is 5.237 and Significance level is 0.053 (P= 0.05) and this shows there is a no significance different in marital status on the level of Anxiety. Hence the hypothesis stating There will be statistically significant in marital status difference on the level of anxiety in the sample is retained.

Objectives 11
To find out the level of educational difference in anxiety of the selected sample.

Hypotheses 11
There will be statistically significant in education difference on the level of anxiety in the sample.

Table 1.12 The influence of Education Level among the Institutionalized Elderly and the level of Anxiety

Level	Education		Total
	Illiterate	**Educated**	
Severe	28	18	46
Moderate	39	14	53
Mild	1	0	1
Total	**68**	**32**	**100**

Chi Square Test

	Value	**df**	**Significance**
Pearson chi square	2.305	2	0. 316

Interpretation
From the above table the chi square value is 2.305 and Significance level is 0.316 (P< 0.05) and this shows there is a no significance different in education difference on the level of Anxiety. Hence the hypothesis stating There will be statistically significant in education difference on the level of anxiety in the sample is Rejected.

Objectives 12
To find out the level of anxiety among the respondents with sibling.

Hypotheses 12
There will be statistically significant in siblings' difference on the level of anxiety in the sample.

Table 1.13 The influence of Siblings among the Institutionalized Elderly and the level of Anxiety

Level	Siblings			Total
	No siblings	1 siblings	2 and above siblings	
Severe	13	5	28	46
Moderate	17	14	22	53
Mild	0	0	1	1
Total	**30**	**19**	**51**	**100**

Chi square test

	Value	df	Significance
Pearson chi square	6.032	4	0.197

Interpretation
From the above table the chi square value is 6.032 and Significance level is 0.197 (P< 0.05) and this shows there is a no significance different in respondent with siblings on the level of Anxiety. Hence the hypothesis stating There will be statistically significant in siblings difference on the level of anxiety in the sample is Rejected.

Objectives 13
To find out the level of residence in anxiety of the selected sample.

Hypotheses 13
There will be statistically significant in-residence difference on the level of anxiety in the sample.

Table 1.14 The influence of Residential Area among the Institutionalized Elderly and the level of Anxiety

Level	Residence		Total
	Rural	Urban	
Severe	21	25	46
Moderate	21	32	53
Mild	0	1	1
Total	**42**	**58**	**100**

Chi square test

	Value	D2	Significance
Pearson chi square	1.099	2	0.577

Interpretation

From the above table the chi square value is 1.099 and Significance level is 0.577 (P< 0.05) and this shows there is a no significance different in residence on the level of Anxiety. Hence the hypothesis stating There will be statistically significant in-residence difference on the level of anxiety in the sample is Rejected.

Objectives 14

To find out the level of surgery difference in anxiety of the selected sample.

Hypotheses 14

There will be statistically significant in surgery difference on the level of anxiety in the sample.

Table 1.15 The influence of Surgery among the Institutionalized Elderly and the level of Anxiety

Level	Surgery		Total
	Underwent surgery	**No surgerical history**	**Total**
Severe	20	26	46
Moderate	28	25	53
Mild	1	0	1
Total	**49**	**51**	**100**

Chi Square Test

	value	**D2**	**Significance**
Pearson chi square	1.913	2	0.384

Interpretation

From the above table the chi square value is 1.913 and Significance level is 0.384 (P< 0.05) and this shows there is a no significance different in surgery on the level of Anxiety. Hence the hypothesis stating There will be statistically significant in surgery difference on the level of anxiety in the sample is Rejected.

Objectives 15

To find out the level of physical problems in anxiety of the selected sample.

Hypotheses 15

There will be statistically significant in physical problems difference on the level of anxiety in the sample.

Table 1.16 The influence of Physical Problems among the Institutionalized Elderly and the level of Anxiety.

Level	Physical problems								Total
	Arthritis	**Asthma**	**Heart related probl8ems**	**Cancer**	**Kidney related problems**	**Sleeping problem**	**Loss of appetite**	**More than 2 physical problems**	**Total**
Severe	21	4	5	4	5	6	0	1	46
Moderate	17	6	7	10	3	7	2	1	53
Mild	1	0	0	0	0	0	0	0	1
Total	**39**	**10**	**12**	**14**	**8**	**13**	**2**	**2**	**100**

Chi Square Test

	value	D2	Significance
Pearson chi square	7. 445	14	0.916

Interpretation
From the above table the chi square value is 7. 445 and Significance level is 0.916 (P< 0.05) and this shows there is a no significance different in physical problem on the level of Anxiety. Hence the hypothesis stating that There will be statistically significant in physical problems difference on the level of anxiety in the sample is Rejected.

Objectives 16
To find out the level of psychological problems in anxiety of the selected sample.

Hypotheses 16
There will be statistically significant in psychological problems difference on the level of anxiety in the sample.

Table 1.17 The influence of Psychological Problems among the Institutionalized Elderly and the level of Anxiety.

Level	Psychological problem				Total
	Anxious about death	Worthlessness	Loneliness	Other psychological related problems	
Severe	12	9	23	2	46
Moderate	20	8	23	2	53
Mild	1	0	0	0	1
Total	**33**	**17**	**46**	**4**	**100**

Chi Square Test

	Value	D2	Significance
Pearson chi square	3. 607	6	0.730

From the above table the chi square value is 3. 607 and Significance level is 0.730 (P< 0.05) and this shows there is a no significance different in psychological problems on the level of Anxiety. Hence the hypothesis stating There will be statistically significant in psychological problems difference on the level of anxiety in the sample is Rejected.

Objectives 17
To find out the relationship between depression and anxiety among the selected old people.

Hypotheses 17
There will be statistical positive relationship between depression and anxiety among the selected old people.

Table 1.18 The Relationship between Geriatric depression and Anxiety among the institutionalized Elderly.

	Mean	S.d	r
Depression	5.83	3.068	
Anxiety	11.02	3.957	0.5284.

Interpretation

On analysing the table mean value of Depression is 5.83 and S.D is 3.068, the overall mean value of anxiety is 11.02 and S.D is 3.957 and the correlation value is 0.05284. Although technically a positive correlation, the relationship between Depression and Anxiety is moderate. Hence the hypothesis stating that "There will be a positive relationship between Depression and Anxiety of the sample" is retained.

DISCUSSION

The purpose of this research was to study the Depression and Anxiety of old age peoples. Specifically, this study sought to determine the following:

The relationship between Depression and Anxiety of Life of old age peoples. Impact of the demographic variables such as age, education, marital status, siblings, surgery, residential, physical problem, and psychological problem area of the sample switched on each study variable.

From three old age homes, namely, MISSIONARIES OF CHARITY (MOTHER TERESA HOME), ANANTHAM OLD AGE HOME and OZANAM OLD AGE HOME in Coimbatore, 100 inmates (100 females) in the range of 65-90 were selected by purposive sampling method. Purposive sampling method is the technique in which the individual units are selected by some purposive method. Most of them are (50%) are from low socio economic background, 45% are from middle socio economic background and 5% are from middle class of society.

Personal data sheet was used to collect the relevant background details of the selected sample like their age, marital status, was adopted by them to manage tension, causes of anxiety/depression, etc. Geriatric Depression Scale was used to assess the level of Depression of the sample. This scale consists of 15 questions which have to be responded by giving Yes or No. Each Yes response carries a score of 1. The total scores are summed and interpreted using the norms. The level of anxiety of the sample was measured using Geriatric Anxiety Scale. It consists of 14 items related to the symptoms of anxiety experienced by the sample over the past one week. Scores are interpreted with the help of the norms.

Overview of Findings

1. There is no significant difference on age in the level of depression.
2. There is no significant difference on marital status in level of depression.
3. There is no significant difference on education in level of depression
4. There is no significant difference on siblings in the level of depression
5. There is no significant difference on residence in the level of depression.
6. There is a significant difference on surgery in the level of depression
7. There is no significant difference on physical problems in the level of depression
8. There is no significant difference on psychological problems in the level of depression.
9. There is a significance different in age on the level of Anxiety
10. There is a no significance different in marital status on the level of Anxiety
11. There is a no significance different in education difference on the level of Anxiety
12. There is a no significance different in respondent with siblings on the level of Anxiety
13. There is a no significance different in residence on the level of Anxiety

14. There is a no significance different in surgery on the level of Anxiety
15. There is a no significance different in physical problem on the level of Anxiety
16. There is a no significance different in psychological problems on the level of Anxiety
17. There is a positive relationship between Depression and Anxiety of the sample

CONCLUSION

In the present investigation, an attempt was made to find out the relationship between Geriatric depression and Anxiety. The study was conducted with an extensive review of literature to establish the hypotheses to carry out the study. The study was carried out with an assumption that There will be statistical positive relationship between geriatric depression and anxiety among the selected old people. It was found in this study that there is a positive relationship between these variables. The hypotheses of the age differences in physical mobility and cognitive decline were found significant. It was found that surgery has a impact on the depression, Age group of 65-70 of the respondents experience severe level of anxiety and Married respondents undergo severe level of anxiety. There is a Positive relationship between depression and Anxiety. The study was carried out with an assumption that demographic variables will influence each of the variables of the study.

Limitations of the Study
1. Data was collected various institutions of Coimbatore District, Tamil Nadu, and the generalization of the present study result is limited.
2. Data was collected only from old age females.
3. Only descriptive study was carried out on the sample.
4. Female subjects did not show much involvement in responding to the questions asked by the researcher. This can be taken into consideration while conducting further studies.

Suggestions for further research
1. Some more psychological variables could be added.
2. Interventions could be added.
3. Geriatric counselling can be given along with the study.
4. Relaxation therapy can be given at the end of the study.

REFERENCES

Ann J Zwimmer. Basic psychology for nurses in India. 1st edition. New Delhi: B.I. Publications pvt ltd; 2002. p193.

Bimla Kapoor. Text book of psychiatric nursing. 1st edition. New Delhi: kumar publishing house; 2005, p272-275.

Christensen kockrow. Foundations and adult health nursing. 1st edition. Philadelphia: Mosby company; 2006. p1082, 1088.

Gulani K K. Community health nursing principles and practices. 1stedition. New Delhi: Kumar Publishing House; 2005, p.469-471.

Karensaucer, Sharyn Janes, K. S. Lundy. Essentials of community-based nursing. 1st edition. Canada: Jones and Barlett publishers; 2003. p502, 504,509,525.

Mary Ann Boyd. Psychiatric nursing contemporary practice. 2nd edition. Philadelphia: Lippincott company. 2002. p921.

Conflict of Interest
The author declared no conflict of interest.