

## Influence of institutionalisation and social support on depression among old aged people

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### ABSTRACT

Depression is getting more and more prominent in elderly population. The purpose of the study is to understand the influence of institutionalisation and social support with depression among old aged people and to understand the predictive nature of individuals social support and institutionalisation on depression. A sample size of 120 old aged people of age ranging from 65 to 80 years from old age care facilities from Irinjalakuda municipality. Equal number of non-institutionalised and institutionalised individuals were considered. Multidimensional scale for perceived social support and The Beck Depression Inventory was used to measure depression and social support of the sample population. The research concluded that there exists a moderately strong relation between depression and social support, and there lies a significant difference of depression among non-institutionalisation and institutionalisation old aged people. It's also revealed that social support is a much stronger predictor of depression than institutionalisation. In the changing world society should focus more on providing social support for elderly people than disputing about the effect of institutionalisation.

**Keywords:** *Depression, Institutionalisation, Social support, Old aged people, Care homes.*

The elderly population is rising throughout the world in increasing rates (Reher, 2015), which seems to be the result of the increased longevity and lower mortality rates (Mathers, et. al., 2015). Often, with advanced age comes many diseases due to degenerative effects of the body. These diseases can cause physical and mental impairments in the elderly, which means they can't look out for themselves and need help from others in maintaining daily life activities. The immediate family is responsible for taking care of such elderly's, but often they fail to do so because of many reasons. Especially in the era of modernisation and changing lifestyle, there is a change in social structure. Families are becoming nuclear. Increasingly hectic and fast lives of those who are earning, can't afford to spend time taking care of their elderly. This results in the family putting their elderly in institutions such as old age residents and nursing homes. The lack of family care is one of the primary factors which increases the elderly population's institutionalisation and therefore increases the residents of nursing homes (Luppa, et. al., 2010). The main predictors of institutionalisation include "Advanced age, highly functional and cognitive impairments, not having a home or a

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## **Influence of institutionalisation and social support on depression among old aged people**

partner, low educational level, sedentary lifestyle, poor self-rated health status" (Luppa, et. al., 2010).

One major concept which is highly significant for the researchers in their work is the depression in elderly people. Studies say that the feeling of loneliness for a longer period of time causes to the entry of depression in the lives of the elderly. This can be other way around also, depression can also lead to loneliness and hampering of the social relationships (Perlman and Peplau, 1984). The old people living in nursing houses might have no common things with the other people around which affect their state of mind (Hicks, 2000). Difficulty in making new friends by the elderly person with cognitive decline can further lead to deterioration of health (Grenade and Boldy, 2008). Runcan (2012) in his study talked about how institutionalisation leads to depression as the end result. He said that there are restrictions in the social contacts, minimisation of interest in daily happenings and the popping up of suicidal and death thoughts. The life of the elderly becomes more pessimistic, feeling of failure, unsatisfactory, self-image transformation, getting more tired and guilty is what life becomes (Runcan, 2012). Most of the studies have taken loneliness as its main variable since it's the by-product and the end result of depression in the elderly people. The longitudinal (Heikkinen & Kauppinen, 2004) and cross-sectional studies (Chou & Chi, 2004) done on the elderly have also shown that loneliness is one of the risk factors in having depressive symptoms. A study done by Prieto-Flores (2010) recognize variations in loneliness among noninstitutionalised and institutionalised older adults. The results revealed that a greater proportion of the institutionalised were functionally dependent, had depression, observed a worse health status, and a higher number of medical conditions (Prieto-Flores, et. al., 2010).

Being institutionalised and scarcity of social support makes elderly prone to depression and related disorders, for this reason, support provided by the persons from the nursing care centres is significant for them because this sustained social support helps them cope with loneliness (Runcan, 2012). Therefore, the concept of social support is highly valued for doing research because of its close relation to loneliness and depression and it's also considered as a potential construct for countering depression of the elderly people. Social support has been defined as having those people in your life with whom one can get or experience love, care, rely upon and they're always available for any sort of help for them. According to Sarason et al. (1990) the researchers have divided the concept of social support into four different types: emotional, instrumental, appraisal, and informational support. The measurement of social support of an individual is based on how much the individual has available assistance, receives the actual available support, or is embraced in a social group. One particular type of social support is emotional social support which can be defined as close relations with a partner or with their offspring need to specifically taken care of as it protects against the risk of depression. Certain researches have given supportive evidence that social support prevents depression risk especially if it's from family and friends and friends, while the retention of the organically available assistance resources between aged groups can be a source for sustaining good mental health (Maeda et al., 2013). Social assistance is supposed to alter in between people, especially in their more recent part of their lives as they go through different levels of changes to their lives. Hence, the multiple and varying levels of social support for elderly people may help to explain, even partly, some of the divergence in the depression rate across elderly population (Melchiorre et al., 2013). George et al. (1989) found the differences of effects on the elderly male and female related to impaired social relationships and concluded that males are affected more than females. Many studies have covered the variables loneliness, depression and social support among

## **Influence of institutionalisation and social support on depression among old aged people**

elderly in normal and institutionalised settings. But comparative studies on the relationship between these variables on the two different settings are lacking.

This literature gap needs to be filled by considering all the possibilities to better understand the ongoing scenario. The study aims to consider the social support and depression as to be the possible variables to find out the differences in the institutionalised and the non-institutionalised elderly people.

### ***Aim***

The aim of the study is to understand the influence of institutionalisation and social support with depression among old aged people and to understand the predictive nature of individuals social support and institutionalisation on depression.

### ***Need and significance of the study***

This study is significant because it studies the differences in the relationship of depression and loneliness between institutionalised and non-institutionalised elderly. The results of this study can provide insights as to the difference in how much the variables depression and loneliness exist in the two different settings. This can be used for future research work to establish a detailed path between social support, loneliness and depression in institutionalised elder. Establishing a detailed path will help in making useful and effective interventions for reducing loneliness and depression among institutionalised elderly, especially through appropriate social support in the nursing care homes.

### ***Hypotheses***

1. There exists no statistically significant correlation between depression and social support.
2. There exists no statistically significant difference among depression of non-institutionalised and institutionalised old aged people.
3. There exists no predictability between depression and social support.
4. There exists no predictability between depression and institutionalisation.

### ***Sample***

A sample size of 120 old aged people was considered for the study. Equal number of non-institutionalised and institutionalised individuals were considered.

### ***Instruments***

Two measures were used in this study,

**Multidimensional scale for perceived social support:** Multidimensional scale for perceived social support was developed by Zimet, et.al in 1988. It was used to perceived social support. Perceived social support refers to a recipient subjective judgement that providers will offer effective help during times of need. Family, friends and a special person are the three sources of social support which is measured in the scale. There are mainly three sub-scales they're scales to measure social support from family (FA), social support from friends (FR) and social support from significant others (SO). Four items are there in every sub-scale. Aggregate number of items in this scale is 12. Zimet and his peers stated a Cronbach alpha of 0.88 for the scale. They also examined the test-retest reliability of this scale and observed it as 0.85. In a more recent study, Canty-Mitchell and Zimet stated the Cronbach's alpha reliability coefficient for the 12 items, as 0.91, 0.89 and 0.91 (Başol, 2008).

## Influence of institutionalisation and social support on depression among old aged people

**The Beck Depression Inventory (BDI-II):** The scale was developed by Aaron T. Beck, it's a 21-item multiple-choice self-report inventory, one of the very commonly used psychometric scales for calculating the intensity of depression. This scale assesses the key signs of depression comprising 'mood, pessimism, sense of failure, self-dissatisfaction, guilt, punishment, self-dislike, self-accusation, suicidal ideas, crying, irritability, social withdrawal, body image change, work difficulty, insomnia, loss of appetite, weight loss, loss of libido and fatigability' (Estlander,2008). Each item is scored on a 4-point spectrum (0=least, 3=most), with an overall grade of 0 to 63. Maximum grades imply more significant depressive seriousness. Concurrent validity levels are presented among the BDI and further depression tools as the Minnesota Multiphasic Personality Inventory and the Hamilton Depression Scale; 0.77 correlation grade was computed when analogised with scale and psychiatric grading. The BDI has also shown great construct validity with the medical manifestations it assesses. Beck's analysis stated a coefficient alpha grade of .92 for outpatients and .93 for college students. The BDI-II affirmatively correlated with the Hamilton Depression Rating Scale,  $r = 0.71$ , had a one-week test – retest reliability of  $r = 0.93$  and an internal consistency  $\alpha=.91$ .

### *Procedure*

Random sampling was used to collect the data from old aged people of age ranging from 65 to 80 years from old age care facilities and from residential areas around Irinjalakuda municipality. Equal number of non-institutionalised and institutionalised individuals were considered. Multidimensional scale for perceived social support and The Beck Depression Inventory was used to measure depression and social support of the sample population. Data was collected and analysed to test the hypotheses.

The objective of the present investigation is to understand the influence of institutionalisation and social support on depression of old aged people and to understand the predictive nature of individual's social support on depression. Pearson's correlation was employed to determine the relation among depression and social support, independent sample t-test to understand the difference of depression among non-institutionalised and institutionalised old aged people and to understand the predictive nature of social support and institutionalisation on the depression, simple linear regression was performed.

**Table No. 1 Pearson's Correlation Between Depression and Social Support**

	Mean	SD	1	2
1, Depression	20.65	11.667	-	
2, Social support	4.57	1.488	-0.645**	-

N=120. \*\*p <.01

To assess the relationship among depression and social support Pearson correlation was performed. Table 1 has concluded that there exists a negative relation between depression and student social support ( $r(120) = -.645^{**}$ ,  $p = .001$ ), such that higher social support (Mean = 4.57, SD = 1.488) reported lower depression (Mean = 20.65, SD = 11.667) and vice versa. The correlation result concludes that there is a moderately strong relation between depression and social support. As per the earlier works, an individual's depression is inversely proportional to social support, the increase in social support of an individual will dramatically reduce the depression (Ibrahim, et al., 2013; Patil, et al., 2014).

**Table No. 2 Descriptive Statistics and Independent Sample T-Test of Depression Among Non-Institutionalisation and Institutionalisation Old Aged People**

Institutionalisation	N	M	SD	t-value	Sig.
Non - Institutionalised	60	16.43	11.288	-2.981	0.01
Institutionalised	60	24.87	10.618		

The table 2 shows the mean value of depression among non-institutionalised (N= 60, M= 16.43, SD= 11.288) and institutionalised (N= 60, M= 24.87, SD= 10.618) individuals. To test the hypothesis that the institutionalisation brings up no significant change in the mean of the student’s depression, an independent sample t-test was used to experiment the hypothesis. ‘The assumption of homogeneity of variances was tested and satisfied via Levene’s F test’ (Levene, 1960) (F (118) = 0.140, p = 0.710. The variation among the institutionalisation on individuals’ depression was tested for statistically significant, t (118) = -2.981, p= .01. It’s clear from the data that institutionalisation plays a major role in depression as institutionalised people show a higher depression than non-institutionalised people. Previous studies found the same effect (Runcan, 2012; Sarin, et al., 2016; Swathi, et al., 2014).

**Table No. 3 Simple Linear Regression Between Depression with Institutionalisation and Social Support**

Variables	R	R <sup>2</sup>	Change R <sup>2</sup>	β	F value	Sig.
X = Depression Y = Institutionalisation	0.364	0.133	0.118	-0.801	8.884	0.01
X = Depression Y = Social support	0.645	0.416	0.406	0.364	41.355	0.01

To determine the ability to predict individuals’ depression based on their institutionalisation and social support, simple linear regression was conducted. A substantial regression equation was discovered (F (1,119) = 8.884, p=.01), with an R2 of 0.133 between individuals’ depression and institutionalisation. Individuals predicted depression is equal to 8.0 + 8.433 where institutionalisation is coded as 1 = Non-institutionalised, 2 = Institutionalised. Institutionalised individuals’ depression is 8.43 units higher than non-institutionalisation old aged people. The analysis has concluded that institutionalisation can predict depression up to 13% accurately.

Individuals, depression and social support found a significant regression equation (F (1,119) = 41.355, p=.01), with an R2 of .416 between individuals’ depression and social support. Individuals predicted depression is equal to 43.740 - 5.058 when social support is measured. Individuals’ average depression decreased by 5.058 units for each point of social support. The analysis resulted in a 41% predictable accuracy between social support and depression. From the analysis it’s clear that institutionalisation is a much weaker predictor of depression than social support.

**CONCLUSION**

The research concluded that there exists a moderately strong relation between depression and social support, and there lies a significant difference of depression among non-institutionalisation and institutionalisation old aged people. It’s also revealed that social support is a much stronger predictor of depression than institutionalisation. In the changing

world society should focus more on providing social support for elderly people than disputing about the effect of institutionalisation.

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## Influence of institutionalisation and social support on depression among old aged people

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