

Anxiety Among Elderly Living in Old Age Homes

Dr. Kurava Suresh^{1*}, Dr Srisailamaiah Maheswara², Prof. V. Srikath Reddy³

ABSTRACT

Ageing population is increasing very rapidly across the globe. Growing elderly portion of the population will probably present new societal challenges in the form of medical service provisions, financial support, social and passionate help etc. Urbanization, modernization and globalization have changed the traditional concept of family in India, which used to provide social support to ill, dependent and older family members. Over the years, urbanization has lead to change in the economic structure, diminishing societal values, weakening the importance of joint family. As a result, elderly adults are forced to take an alternative living arrangement in old age homes. **Objectives:** An attempt to examine the sources of anxiety and levels of anxiety among elderly living in old age homes. **Sample:** A sample of 200 elderly with age group of 60-70 years living in old age homes of Chittoor district of Andhra Pradesh. Were drawn by using random sampling technique. **Tools:** Personal Data Form (PDF). Beck's anxiety Inventory (Beck, et.all .1990), and FGD Interview schedule used. **Results:** the present study to recommendation that the importance of strategies to minimize degree of Anxieties in elderly. Significant difference in anxiety in relation their age, gender, economic status and marital status. High anxiety found in high age group, female members, married but living in single and high economic status elderly who are living in old age homes.

Keywords: *Elderly, Anxiety, Sources, Old Age Homes*

Ageing is an inevitable and universal process. As per Seneca "old age is an incurable disease", however as Sir James Sterling commented "you do not heal old age, you protect it, you promote it and you extend it." These are in fact the underlying principles of Preventive Medicine. Psychological and physical morbidities are common in old age.

Most elder people are afraid of dying, and there can be various reasons for this fear. Among the various death attitudes, death anxiety has received considerable attention. Logically speaking, death is an unknown entity and this is partly because man has a tendency of fearing everything which is not known to him. Nearer to death in old age higher would be the death anxiety among the elderly in comparison to the young adults. Nonetheless, studies

¹ICMR- Research Associate, Center for Research on Ageing, Department of Psychology, S.V University, Tirupati, India

²Department of Psychology, S.V University, Tirupati, India

³Center for Research on Ageing, Department of Psychology, S.V University, Tirupati, India

*Corresponding Author

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contradict this notion that death involves the loss of loved ones control of achievements and aspirations, and so on free-floating anxiety is result. The feeling of helplessness over not being able to control one's death about the unforeseen in old age. Deepika and Panchal (2014) proposed that elder people engage in life review when person reaches late adulthood. Elderly finds meaning and purpose in life ego integrity is attained and hence should have lower death anxiety.

Parameswari and Elango (2010) assessed the death anxiety among institutionalized and non-institutionalized elderly in the age of 60, living in and around Coimbatore city. The findings of the study indicate that: non-institutionalized elderly tend to have relatively higher level of death anxiety compared to institutionalized elderly. The institutionalized elderly males have relatively lower level of death anxiety than non-institutionalized elderly males, but the institutionalized elderly males and females are not differed in death anxiety. Pankaj (2013) investigated the effect of institutionalization, gender and age of older adults on death anxiety and found that the death anxiety of institutionalized is higher than the non-institutionalized aged.

The process of industrialization, urbanization and modernization has brought changes in value system and traditional family system. With decline of family care many institutions have come up to take care of aged. Commonly in India negative factors frequently predominate the decision to enter senior care home. As the field of gerontology has its objective as: "Livelier Longevity", the life in old age home is an important correlate of death anxiety of elderly. Death anxiety is defined as "the thoughts, fears, and emotion about that final event of living that one experience under more normal conditions of life (Belsky, 1999).

The number of elderly people is growing very fast in both developed and developing countries. The gradual rapid change in social and cultural values had made a tremendous influence on psychological well-being of elders. Death anxiety is a complicated factor that is experienced with variable severity during one's life, and is influenced by a numerous factors such as environmental events, age, and sex. Death anxiety is defined as a apprehensive feeling that one has when preoccupied about death and dying and is used interchangeably with fear of death. Various studies have revealed that when thinking about death and its related anxiety is increased, individuals respond by defending and/or intensifying their cultural beliefs. Some studies on life satisfaction found that female elderly experienced lower death anxiety, and death anxiety levels would not differ between young adults and older adults (Chuin & Choo, 2014). Another study found that 69.5% females and 68.2% males had an average condition; while, 16.3% and 19.6% males showed low level of death anxiety and whereas, 14.2% females and 12.2% males reported high death anxiety (Tavakoli & Behrooz, 2011).

Death is very near to old age; hence a logical belief would be that death anxiety is more among the older adults comparing the young adults. Nevertheless, studies contradict this notion. The age of 60 or 65 years in most advanced countries is said to be the starting of old age. Study found that variations in death anxiety among institutionalized and non-institutionalized older widows and widowers. Also it was found there was no significant difference in death anxiety among elderly widows and widowers (Deepa & Balakrishna, 2012). Psychologists have studied the factors viz., age, environment, religious faith and ego integrity, or a personal sense of fulfillment and/or self-worth were crucial in understanding death anxiety. A complicating aspect of studying death anxiety is that in "measuring"

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anxiety as it relates to these variables has been difficult. The studies used in examining death anxiety do not experimentally manipulate the variables, thus limiting conclusions to correlations (Fortner & Neimeyer, 1999).

In order to inform potential changes in the DSM-V, Kate, et al (2010) aimed to address issues unique to older adults with the prevalence of anxiety disorders and risk factor comorbidity, cognitive decline, age of onset, symptom expression of anxiety disorder in late life and treatment efficacy for older adults were reviewed. Overall, the current literature suggests that anxiety disorders are common among older age individuals, but less common than in younger adults; although there are some differences as well as limitations to the assessment of symptoms among older adults; overlap exists between anxiety symptoms of younger and older adults. Anxiety disorders are big by comorbid with a number of medical illnesses, associations between cognitive decline and anxiety have been observed. Certain recommendations viz., including extending the text section on age specific features of anxiety disorders in late life and providing information about the complexities of diagnosing anxiety disorders in older adults are provided (Kate, 2010). Longitudinal Aging Study in LAS Amsterdam investigated the relationship between anxiety symptoms and cognitive decline over 9 years, taking into account confounding variables. A curvilinear effect of anxiety on cognitive performance was found. Furthermore Ellis et al., (2008) found that previous measurement of anxiety symptoms were not predictive of cognitive decline at a later age. Brenes, Penninx & Judd (2008) suggested that the effect of anxiety on cognition depends on the severity of the present anxiety symptoms i.e. mild anxiety is associated with better cognition, whereas severe anxiety is associated with worse cognition. The effect of anxiety symptoms on cognitive functioning seems to be a temporary effect thus; anxiety is not predictive of cognitive decline.

Sivaraju (2011) stated that a significant proportion of the community elderly stated that they did worry about their personal, familial problems and this response was relatively more among the female respondents than their male counterparts. However, in comparison to the community elderly, a larger number of residents of old age homes expressed such worry and the data showed sex-wise variations, while a higher proportion of female residents would worry sometimes (48%), and the male residents responded that they would do so very often (40%). Despite their old age and institutionalization, the elderly continued to perceive themselves as an integral part of their family and perhaps utilized the ample time in thinking about their personal familial problems, rather than taking up some activity to keep busy and remain mentally alert.

David, Maya Tzur and Anusha et al., (2008) examined the relationship between anxiety, depression and physical disability in older adults, after controlling factors such as age, gender, income, self-rated health, number of medical conditions and number of physician visits in the past year. Furthermore, anxiety, depression and comorbid anxiety and depression have a differential effect on disability according to age. Older people with any of these symptoms reporting higher levels of disability than younger adults reported depression and anxiety. These findings suggest that physicians working with older people should assess for and treat anxiety as well as depressive symptoms.

Rationalization of the study

Studies on socio demographic variables highlighted that many studies reported that ill health and lack of money are the two major reasons reported by the elderly for choosing to reside in old age homes. Family conflict is yet another reason cited as intention for staying in old

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age homes. Inspire of a higher proportion of males reported family conflict as the reason for opting to reside in old age homes, more number of females reported that lack of children is the major reason for living in an old age home. In vast majority of the cases, family conflict arises due to economic constraints. Some proportion of elderly are being neglected and are forcibly put in to old age homes or expelled from the home due to abuse by their children. Therefore, mental health related diseases are more in elderly.

The review of studies under various sub-heads provides a comprehensive picture about certain variables included in the present study. There are very few studies on Indian elderly especially living in old age homes anxiety levels. Hence to fill the gap, the present study has been contemplated to investigate the anxiety among elderly living in old age homes.

Based on the lacunae in existing research the present study is planned with the following objectives:

Objective

- To examine the sources of anxiety among elderly living in old age homes.
- To examine the anxiety levels among elderly living in old age homes in relation to their gender, age, education, marital status and economic status.

Hypothesis

There would be significant difference in anxiety levels among elderly living in old age homes in relation to their gender, age, education, marital status and economic status.

METHODOLOGY

Sample

For the purpose of the present study a total 200 sample were collected by using simple random sample method. Among 200 elderly 100 were male and 100 were female elderly with the age group of 60-70 years living in various old age homes in Chittoor dist. of Andhra Pradesh.

Tools used: for the purpose of the present study the following tools were used.

Personal Data Form (PDF): was used to information relevant sociodemographic Characteristics.

Focused Group Discussion (FGD)

To understand the sources of anxiety in the sample, FGD technique was used by dividing the sample into small groups. The researcher acted as a Moderator and explained the significance of small group tasks and encouraged discussion on commonly identified by the total sample. The themes were in terms of open-ended questions. The members in these small groups mostly do not know each other. The sessions were not last for more than 1 hour and 30 minutes. The questions, in the broad themes identified for the present study are open ended. The Focus Group discussion starts with introductory question that address the Themes intended to discuss. These are usually followed by several key questions to elicit specific information. Questions at the end were used to summaries the discussion of group members.

Beck's anxiety Inventory was used in the present study to measure manifested symptoms of anxiety and to measure levels of anxiety. 20 items were selected on the basis of

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administration of Beck Anxiety. The correlation between these two sessions over two administrations i.e. the test-retest reliability was found to be 0.87. The tool to measure anxiety was found to be reliable and valid to measure levels of anxiety. The higher score on Beck Anxiety Inventory indicates higher levels of anxiety (Beck, 1990).

Procedure Of Testing

Testing of the sample was conducted in two sessions. In session I: permission was obtained from the authorities of old age Homes in Chittoor dist. of Andhra Pradesh. Later subjects were selected randomly and rapport was established, after development of the rapport with the sample the purpose of the study was explained to seek their support and willingness.

Focused group discussions were held for these selected samples (separately) on certain identified theme of anxiety. The objective of Focused group discussion was to identify the sources of anxieties. After a brief gap, session II was continued. In this session Beck's anxiety scale was administered. The testing time for each resident ranged from 1hr to 1hr.30 mts.

Statistical Analysis

To examine the influence contribution of independent variables on outcome variables, relevant statistics were used. The influence of certain sociodemographic variables on dependent variables was tested through a simple 't' tests were applied.

RESULTS AND DISCUSSION

The results and discussion related to the present investigation are presented here. The interpretations of the results obtained are as follows.

Table-1: Sources of Anxiety as in among elderly living in old age Homes (N=200).

Source	Male (%)	Female (%)
Health & Disability	58.00	42.00
Family & Social Relationships	49.00	51.00
Economic / Financial	32.00	68.00
Personal / Psychological	54.00	46.00

The sources of anxiety among elderly living in old age homes were collected by organizing focused group discussions the residents. Focused group discussions were organized by the living in old age Homes in small groups and encouraged them to focus their discussions specifically on certain themes to identify the major sources of anxiety. Based on the outcome of the discussions, the information was sorted out into four broad themes. The sources as obtained through qualitative analysis are reported.

It is evident that the major sources of anxiety was 1) health & disability,2) family & social relationships,3) economic/financial and 4) personal /psychological sources among elderly living in old age homes. Among these 200 elderlies 58% male elderly and 42% were female anxiety source is health & disability domines. 49% male and 51% females' source of anxiety was from family and social relationships. 32% male and 68% female sources of anxiety was from economic issues and 54% male and 46% female sources of anxiety was from personal / psychological issues. Among these Male elderly main sources of anxiety was from health & disability and Personal/psychological compare to female elderly. Female elderly are getting anxiety due to family &social relationships and economic source compare to male elderly.

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Table 2: Showing the Mean, SD and t-values of anxiety elderly living in old age homes in relation to age, gender, education level, economic status and marital status.

Sl.No	Category	N	Mean (SD)	t value
1.	<u>Age group</u>			
	60 – 65 years	100	32.21 (14.30)	4.57**
	66 – 70 years	100	46.66 (11.32)	
2.	<u>Gender</u>			
	Male	100	33.92 (10.16)	3.89**
	Female	100	42.60 (12.45)	
3.	<u>Education levels</u>			
	Primary education	118	31.39 (10.15)	4.55**
	Illiterates	82	41.18 (13.91)	
4.	<u>Marital Status</u>			
	Widow/ widowed	75	28.52(10.61)	4.39**
	Married but single	125	42.12(12.91)	
5.	<u>Economic Status</u>			
	Poor economic status	60	31.14(11.86)	1.987*
	Middle class economic status	88	35.05(10.77)	3.89**
	High class economic status	52	42.12(12.32)	4.21**

***P<0.05; **P<0.01**

Table 2 results shows that the mean.sd and t-values of anxiety among elderly, living in old age homes. 60-65 years age group anxiety mean score of elderly living in old age homes is 32.21 and 66-70 years age group elderly anxiety mean score is 46.66 and obtained t value is 4.57, which is indicate that there is a significant difference in anxiety level among two age groups, high age group members have high anxiety level compare to 66-70 years age group. Male elderly anxiety mean score is 33.92 and female elderly anxiety mean score is 42.6, obtained t value is 3.89, which indicate that there is a gender difference in anxiety levels and female elderly have high anxiety compare to male elderly living in old age homes. Primary education level elderly living in old age homes anxiety mean score is 31.39 and illiterate elderly anxiety mean score is 41.18 and t value is 4.55, it indicates that there is significant difference in anxiety levels among elderly in relation to their education levels, Illiterate elderly facing high anxiety compare to primary educated elderly. Widow/widowed elderly anxiety mean score is 28.52 and married but living single elderly anxiety mean score is 42.12, obtained t value is 4.39, it indicates that there is a significant difference in anxiety levels in relation to their marital status. Among this elderly who are married but single living in old age homes have high anxiety compare to widow/widowed. Poor economic status elderly living in old age homes anxiety mean score 31.14, middle economic status anxiety mean score is 35.05 and high-class economic elderly anxiety mean score is 42.12, obtained t values is 1.98, 3.89 and 4.21. It indicate that there is a significant difference in anxiety among elderly in relation to their economic status . Among these high economic statuses have high anxiety low economic status have low anxiety among elderly living in old age home.

CONCLUSION

The major sources of anxiety were 1) health & disability, 2) family & social relationships, 3) economic/financial and 4) personal /psychological. Male elderly main sources of anxiety were from health & disability and Personal/psychological compare to female elderly. Female elderly main sources of anxiety due to family &social relationships and economic source compare to male elderly.

Significant difference in anxiety level among two age groups, high age group members have high anxiety. Gender difference in anxiety among elderly, female elderly have high anxiety compare to male elderly living in old age homes.

Illiterate elderly facing high anxiety compare to primary educated elderly. Elderly who are married but single living in old age homes have high anxiety compare to widow/widowed. High economic statuses have high anxiety.

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Conflict of Interest

The author(s) declared no conflict of interest.

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