

Resilience and Life Satisfaction among Community and Institutionalized Older Persons

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ABSTRACT

Resilience in older persons enhances the sense of self-efficacy and plays a pivotal role in enhancing their quality of life. It equips them better to deal with adversities of the advancing age, and also improves the sense of wellbeing and satisfaction with life. It has been seen that older people with good social support are better in coping with the demands of day to day affairs. On the contrary, poor social support such as impoverished relation among family members adversely affects mental health which worsens with advancing age. Older persons living in institutionalized setups are thus at risk for developing mental health issues as they lack essential support. There is dearth of studies exploring resilience and satisfaction with life among older persons living in institutionalized setups in India. Thus, present study is aimed at comparing life satisfaction and resilience between older persons living in community and institutionalized setups. It further explored the relationship between resilience and life satisfaction in both the groups. Sixty-five institutionalized older persons were compared with equal number of community based matched controls on measures of life satisfaction (Satisfaction with Life Scale; SLS), cognitive functions (Mini Mental Status Examination; MMSE) and resilience (Connor-Davidson Resilience Scale; CD-RISC). Life satisfaction was significantly more in community based older persons (20.55 ± 5.62) than the participants living in institutionalized set-up (15.88 ± 4.97 , t -ratio=5.54). Community participants (50.13 ± 7.76 , t -ratio=2.29) also had significantly higher resilience level than the institution based (46.52 ± 8.12) older persons. Correlation between life satisfaction and resilience was found to be insignificant for both community older adults ($r = .032$, $p = .802$) and their institutionalized counterpart ($r = .104$, $p = .408$). Persons living in institutional setups exhibit poor sense of satisfaction with their lives and are also less resilient than their community-based counterpart. Findings have implication for successful aging and mental health needs for older persons living in community.

Keywords: Resilience, Life satisfaction, institutionalized and community based older persons

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Successful ageing, the pragmatic quality of life, has gained immense popularity in the recent times due to increased focus upon longevity of older adults. It is a multidimensional concept that can be related positively to physical and mental health, being actively engaged in social activities, along with coping abilities in the face of adversities. Studies suggest that life satisfaction, purpose in life and ageing perception facilitate wellbeing and adaptation in later life (Kivimaki & Ferrie, 2011). Further, factors such as social support from close relatives, resilience, life satisfaction and living arrangement promote successful ageing. In turn, successful ageing fosters coping with situational demands, congenial relation with others, self-efficacy and health among elderly (Bulow & Soderqvist, 2013).

Many among the older persons have to spend their lives in institutionalized set-ups. Compared to living in community with family members, life in institutionalized set-up is comparatively more formalized due to rigid schedules and limited social contacts. Further the dormitory –style living arrangements can bring a sense of loss in privacy. Thus, they face multiple challenges in day to day living which raises their risk for developing mental health issues (Hassan et al., 2017). Resilience is an important factor which buffers the effect of various challenges posed by old age. Studies suggest that resilience positively impacts aging process in community based older adults (Jeste et al., 2013; Montrosset al., 2006). Community based older people with resilient behaviour have been found to be more satisfied with their lives and are better at handling challenges posed by old age (Prakash & Srivastava, 2020).

Little is known about the moderating effect of resilience on the challenges posed by ageing among the older persons living in institutionalized set-ups. The inmates living in institutions and in community are affected equally by the various social upheavals. But protective factors like social support from family, friends and others are known to enhance life satisfaction (Zhao, Yong & Kong 2014; Cohen & Mc Kay, 2020; Shen & Yeatts; 2013). Other aspects that positively affect life satisfaction in later life are the ability to adjust and cope with adversities of life; in other words, the resilience of an individual. The present study thus aimed at examining life satisfaction and resilience between elderly living in community and those living in institutionalized set-ups.

Objective

- To describe the level of life satisfaction between the institutionalised and community-based older persons.
- To compare the levels of resilience between the institutionalised and community-based older persons.
- To estimate the correlation between life satisfaction and resilience between the institutionalised and community-based older person.

METHODOLOGY

Methods and Materials

The present study was a cross-sectional descriptive research. Based on purposive sampling, older adult participants living in institutionalized set-ups (n=65) and community (n=65) were recruited. The inclusion criteria for both the groups were age more than 60 years, minimum of five years of education, both the genders, those who are able to comprehend and consent and presence of any major physical, organic and psychiatric disorders were kept as exclusion criteria. All the tools used in the study were translated into local language

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(Assamese) based on the WHO translation guideline. All the participants gave written informed consent. The study was approved by Research Ethics Committee / DRC of the Department of Psychology, Gauhati University, Guwahati.

Tools applied

- **Sociodemographic data sheet:** Sociodemographic details were collected. It consists of name, age, gender, religion, occupation, marital status, educational status.
- **Mini-Mental Status Examination (Folstein et al. 1975):** MMSE is an instrument for grading the cognitive state of patients. The MMSE provides measures of orientation, registration, attention and calculation, recall, and language.
- **Connor-Davidson Resilience Scale (Connor & Davidson, 2003):** It comprised of 25 items, each rated on a 5-point scale (personal competence, tolerance of negative effect, positive acceptance of change, control, and spiritual influences). Scores are rated from (0-4), with higher scores reflecting greater resilience.
- **Satisfaction with life scale (Diener et al., 1985):** Satisfaction with life scale in older persons used to measure the contentment with the overall course of life of an individual. It is a self-report scale constituted with 5 items to measure life satisfaction. The items are measured through 5-point Likert scale. The ratings show 1 = totally disagree, 2 = disagree, 3 = don't know, 4 = agree and 5= totally agree.

Statistical analysis

Independent sample t-tests were performed to compare the two groups (institutionalized elderly vs. community-based older persons) on measures for life satisfaction and resilience. Chi square applied to see the association between levels life satisfaction and groups. Data was analysed using IBM Statistical Package for Social Sciences for Windows, version 25 (IBM Corp., Armonk, New York, USA).

RESULTS

The Sociodemographic details are provided in Table 1.

Table 1: Frequency and percentage of the socio demographic between institutionalized and community based older persons.

Demographic variables	Community based older persons (Group-1) n=65 f(%)	Institutionalised Older persons (Group-1)n=65 f(%)
Gender		
Male	29(44.6)	Male 28(42.5)
Female	36(55.4)	Female 37(57.5)
Age		
60-65	28(43.1)	60-65 16(24.6)
66-70	22(33.8)	66-70 20(30.8)
71-75	10(15.4)	71-75 20(30.8)
75 and above	5(7.7)	75 and above 9(13.8)
Religion		
Hinduism	51(78.5)	Hinduism 51(78.5)
Islam	13(20.0)	Islam 13(20.0)
Christianity	1(1.5)	Christianity 1(1.5)
Marital status		

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Married	36(55.38)	Married	13(20.0)
Unmarried	6(9.23)	Unmarried	16(24.6)
Spouse died	23(35.38)	Spouse died	36(55.38)
Socio economic Status			
Lower	4(6.2)	Lower	15(23.9)
Middle	29(44.6)	Middle	37(56.9)
High	32(49.2)	High	13(20.0)

Comparison of life satisfaction between the adults living in institutionalized set-ups and their community-based counterpart.

Life satisfaction was measured on Satisfaction with life scale. Both the groups were compared on the total score of life satisfaction. Further an association between the levels of life satisfaction and groups was also analyzed.

Table 2: Comparison of life satisfaction total scores on Satisfaction with life scale (SWLS):

Variables	Community older persons(n=65)		Institutionalised older persons(n=65)		t(df)	p-value
	M	SD	M	SD		
Life satisfaction	20.55	5.62	15.88	4.97	5.54(128)	.001

Community older adults had significantly higher life satisfaction than their institutionalized counterpart (See Table 2). A significant association between levels of life satisfaction and group (participant living in community vs. those living in institutionalized setups) was also observed ($FE= 24.37, p = .001$). Significantly more number of participants in the institutionalized group were in the below average and dissatisfied levels of life satisfaction (See Table 3).

Table 3: Association between levels of life satisfaction and groups (among institutionalized and community based older persons)

	Levels of life satisfaction	Community-based (n=65)	Institutionalised (n=65)	FE	p value
Life Satisfaction	Very high	7 (8.2)	0 (0.0)	24.375	.001
	High	11(12.9)	6 (7.1)		
	Average	35 (41.2)	14 (16.5)		
	Slightly below average	23 (27.1)	33(38.8)		
	Dissatisfied	9 (10.6)	23(27.1)		
	Extremely dissatisfied	0(0.0)	9(10.6)		

Resilience between the older persons living in community and those living in institutionalized set-ups.

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The present section describes the level of resilience between community living older persons and those living in the institutionalized set-ups. Further, correlations (*Pearson's r*) were performed to analyze the relationship between resilience and life satisfaction. Community adults were found to be significantly better in resilience (see Table 4) than their counterpart living in institutionalized set-ups.

Table 4: Comparison of resilience among institutionalized and community based older persons.

<i>Variables</i>	<i>Community older persons(n=65)</i>		<i>Institutionalised older persons(n=65)</i>		<i>t(df) p-value</i>	
<i>Resilience</i>	<i>M</i> 50.13	<i>SD</i> 7.76	<i>M</i> 46.52	<i>SD</i> 8.12	2.59(128)	<0.01

As shown in the Table 4 the $M \pm SD$ score of resilience among community older persons 50.13 ± 7.76 and the $M \pm SD$ among institutionalised older person is 46.52 ± 8.12

Relationship among life satisfaction and resilience among community and institutionalised older persons

Correlation between life satisfaction and resilience was found to be insignificant for both community older persons ($r = .032, p = .802$) and their institutionalized counterpart ($r = .104, p = .408$).

DISCUSSION

The present study explored the nature of resilience and life satisfaction among older persons living in community and those living in institutionalized set-ups. Further, whether the adults living in institutionalized set-ups differ than those in community on these factors was also examined. Finally, the nature of relationship between resilience and life-satisfaction was also examined for both the groups.

Older persons living in institutionalized set-ups lack are poorer in life satisfaction.

Older persons living in institutional set-ups had significantly poorer life satisfaction than their community counterparts. Further, a substantial number of participants in institutions were found to be dissatisfied with life. On the contrary, very few of them reported that they were satisfied with life. Life satisfaction influence both mental and physical health of older persons. Resilience helps the individual to cope well with successful ageing, and has been associated with positive health outcome. In due course of time, changes in the value system bring simultaneous change in the traditional family pattern as well as in the social structures. The segregation in the family pattern and changes in the value system (traditional joint family to nuclear ones) make older persons face various psychological disturbances. Older persons in institution with high level of loneliness are at increased risk of experiencing low level of mental health and low capacity to deal with the stressors of life resulting in low mental and physical quality of life.

While understanding the level of life satisfaction between institutionalised and community older persons, descriptive statistics of these two groups was analyzed. From the analysis it was evident that life satisfaction was much higher among community older persons as compared to institutionalised older persons. Findings from the study suggest that community-based older persons were having higher level of life satisfaction probably because of supportive environment with family members, relatives, friends and community

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as compared to institutionalised older people. Kozerska (2015) reported similar studies where older adults who live with their family and friends are more satisfied with life than those living alone or living with spouse only. Similarly another study conducted by Chen et al., (2010) documented that living condition of older persons is an important predictor of life satisfaction. Chouhan & Didwania (2013) conveyed that older people living in community had more life satisfaction, high self esteem as compared to institutional settings.

Older persons living in institutionalized set-ups are poor in resilience

Community-based older persons had higher level of resilience as compared to institutional older persons. Older people living with their families probably cope well and engage themselves in various social activities. This enables them to recover and cope from various stressors related to the context. Saba et al., (2016) reported similar findings, and primarily observed that older people living with their families experience higher amount of resilience and life satisfaction as those who live in institution. A study conducted by Wells (2009) among older adults living in rural, suburban and urban areas and found that resilience was significantly associated with family network and good physical and mental health among older persons.

Limitation of the study

- The sampling in the present study was purposive which limits generalizability; therefore, future study with randomized sampling should be done.
- Caregiver's perspectives were not taken into consideration.
- Effect of psychosocial factors such as socioeconomic status, religion, and ethnicity (mention other relevant factors) were not analysed due to the limitation of the sampling.

CONCLUSION AND IMPLICATION

Older persons living in institutional set-ups are poor in resilience and lack life satisfaction. This highlights the need to focus on the lives of the older persons living in such set-ups. As proposed by Erickson (2014), old age either leads to a sense of integrity or despair. The present findings show that older individuals living in institutions had a deep sense of despair which was reflected by poorer satisfaction with life. There are two major implications of the present findings, *first*, the need to discuss the plight of the older persons living in institutions, *second*, the initiatives which should be taken to improve the lives of such older persons.

Promoting social support towards older people may not only contribute life satisfaction but also help them to deal with the adversities of life. Active participation in social activities reduces the sense of loneliness, strengthens the capacity to face the adversities of life and increases their self efficacy as well. Older persons should also be encouraged and trained to participate in resilience building programme to enhance potential recovery and developing their ability in surroundings and cope with daily stressors of life. The national policy should be implemented in proper and effective way for older adults for their successful ageing which should equally give space to strengthen the psychological aspect of the older persons especially in the institutionalized setting. The policy should be implemented with utmost care and ensuring healthy ageing for the old age. Policy should also ensure the services of mental health professionals in the care of older persons in institutions on a periodic basis. Macro and micro level promotive health and well-being initiatives need to be focussed for older persons.

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Conflict of Interest

The author(s) declared no conflict of interest.

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