



A COMPARATIVE STUDY OF SOME PSYCHOSOCIAL CORRELATES IN A GROUP OF INSTITUTIONALIZED AND NON-INSTITUTIONALIZED ELDERLY INDIVIDUALS

Psychology

Rupsa Chatterjee * Dept of applied psychology, University of Calcutta. *Corresponding Author

Dr. Sadhan Das gupta

Former Professor in dept of applied psychology ,University of Calcutta.

ABSTRACT

The present study has been designed to investigate different psycho-social issues related to institutionalization amongst the elderly people. The present study aimed more specifically to highlight whether there is any difference with reference to their quality of life , coping with stress and psychological wellbeing between institutionalized and non-institutionalized widowed elderly individuals. A sample (n=120) consisting of two groups of elderly (age 65-75) people classified in institutionalized (30 male , 30 female) and non-institutionalized (30 male , 30 female) were taken for the study. The participants were given self-reporting questionnaires to fill out and they rate their quality of life, coping their stress and psychological well-being. To assess the quality of life WHO-QUALITY OF LIFE BREF (1996) was selected as a tool. To assess the coping strategies with stress WAYS OF COPING QUESTIONNAIRE (1985) by Folkman and Lazarus was used as a tool. To assess the psychological well being Warwick Edinburgh Mental Well-being scale (2007) was used. General health questionnaire was used to assess the general health state of an individual.

As per the demands of the collected data format, two- way ANOVA was suitable to be conducted for statistical analysis, for each of the three separate entities viz. quality of life, coping and well-being for the two groups of elderly individuals who varied in terms of institutionalization. Initially, the obtained result for quality of life showed a significant difference between two groups for physical health, psychological and environmental quality. Interestingly, gender difference did not affected quality of life only for the domain of psychological while the rest of them were significant. Coping as another variable in the present study, involved distancing, self-controlling, accepting responsibility, escape avoidance and positive reappraisal to be significant in terms of institutionalization. Gender difference , however , significantly affected only the accepting responsibility as coping strategy . Lastly, psychological well-being is more effective to be significant in terms of both institutionalization and gender variation.

KEYWORDS

Quality of life, coping with stress, Psychological Wellbeing; Institutionalized; Non- Institutionalized; Elderly People.

INTRODUCTION

Aging is a continuous process which begins with conception and ends with death (Arora and Chadha,1995). Old age is taken to be a period of decline in the life of an organism. Aging is often defined biologically , chronologically , socially and psychologically.(Neugarten, 1975). Biological aging is associated with changes in physiological conditions of a person. Social aging is administratively determined for the purpose of social security , retirements from jobs or demographic classifications its consequences on the individual and the community. Psychological aging may be seen as a continuous struggle for identity i.e., for a sense of coherence and meaning in thoughts, feelings and actions (Pedersen, 1993). With the advancement and rapid changes in our society have profoundly affected the position of old people within the family. The joint family system is replaced and the aged have become isolated units and are being institutionalized. Some major social changes can be prominently perceived which have changed style of our day to day living one of such major change is institutionalization of elderly people in the family. This is so stated because in the nuclear family set up very much little time is available for the elderly members in the family. From that stand point some older persons are being sent to different institutions for their better care and treatment. Sometimes this is done with the mutual understanding between older and younger members of the family. But in some cases due to different unpleasant family experiences some old people became bound to come out of their family. It is very much clearly evident that there are some important psychosocial issues which are related to the changing position of old people and which sometimes also affect the state of their wellbeing . In the present context this issue is attempted to be verified with regard to the selected set of quality of life ,coping with stress and psychological well-being.

Quality of life in old age mainly depends on personal autonomy of an individual and this personal autonomy is achieved through a delicate balance of physical, economic, psychological and social factors. This balance is easily disrupted in old age. However aging is related to a number of factors that have a detrimental effect on the quality of life. These include declining health (Boardmaan, 2004;Kola & Kosberg, 1981; Stones & Kozma, 1984), employment and financial problems(Eckenrode,1984 ; Pearlin & Radabaugh,1976) and loneliness(Victor & Scarf, 2005). **Coping strategies** consists of behavioural and cognitive attempts to manage specific situational

demands which are appraised as taxing or exceeding one's ability to adopt. (Lazarus and Folkman,1984). chronic stressors and their relationship to institutionalized roles are especially important consideration because many elderly adults experience more stressors, perceive higher levels of stress and have fewer effective coping responses available to them than do adults at other times of life(Brown & Chiang, 1983 ; Chiriboga,1984; Seeman & Burdos, 1988; Stones & Kozma, 1984). **Psychological well being** refers to how people evaluate their lives. According to Diener(1997), these evaluations may be in the form of cognition or in the form of affect. Psychological well-being has been examined as an indicator of successful adaptation during old and very old age.

The present study has been designed to investigate different psycho-social issues related to institutionalization amongst the elderly people. The present study aimed more specifically to highlight whether there is any difference with reference to their quality of life ,coping with stress and psychological wellbeing between institutionalized and non-institutionalized widowed elderly individuals.

METHODOLOGY OBJECTIVES-

- 1) To determine whether there is any difference between institutionalized and non-institutionalized elderly individuals in terms of their Quality of life.
- 2) To determine whether there is any gender difference regarding their quality of life.
- 3) To determine whether there is any difference between institutionalized and non-institutionalized elderly individuals in terms of their coping with stress.
- 4) To determine whether there is any gender difference with reference to their stress coping strategies.
- 5) To determine whether there is any difference between institutionalized and non-institutionalized elderly individuals in terms of their Psychological well-being.
- 6) To determine whether there is any gender difference with regard to their psychological well-being.

SAMPLE

- The sampling technique for the current study was mainly purposive sampling.

- Samples were drawn from the age group of 65-75yrs resident of west Bengal, financially independent & not suffering from any chronic or severe physical and mental illness.
- Institutionalized elderly persons must be resident of any registered institution for at least 1 year.
- Elderly individuals whose spouse are alive and those who are staying in charitable homes were excluded.
- Individuals obtaining score above 4 in GHQ were excluded.

RESEARCH DESIGN

The research design used for the present study was Ex-post facto design. In the present study the independent variable was **institutionalization** which was again categorized into two groups- institutionalization & non-institutionalization. The dependent variables were -1. **Quality of life (4 dimensions)**,2. **Coping with stress (8dimensions)** 3. **Psychological well-being**.

TOOLS

Information Schedule – The information schedule included the demographic information about participants such as, names, address, phone no., education, occupation, no. of children, income, living in family set up/ institution, name of the institution.

General Health Questionnaire--GHQ-28 was used as a screening tool.

WHO Quality of life(WHOQOL-BREF,1996)- This scale has been developed by World Health Organization intended to rate quality of life of an individual under 4 domains- physical health, psychological, social relationship & environment.

WAYS OF COPING QUESTIONNAIRE(Folkman & Lazarus, 1985)- This scale assess thoughts and actions that individual use to cope with stressful encounters. It include 8 domains-confronting, distancing, self-controlling, seeking social support, accepting responsibility, escape avoidance, planful problem solving & positive reappraisal.

Warwick Edinburgh Mental Well-being Scale (WEMWBS;Tennant et. al.,2007)- This scale covers both hedonic and eudemonic aspects of mental health.

PROCEDURE

Permissions were taken both from the authorities and inmates of different old age homes. Printed questionnaires were distributed among the participants. After collection of the data it is tabulated in the excel sheet necessary calculations were done deriving results.

Statistics used: The statistical analysis used for the study is Mean and Two way ANOVA.

RESULTS AND DISCUSSION

Table 1 represent the mean of institutionalized and non-institutionalized elderly in respect to different dependent variables.

Dependent Variables	INSTITUTIONALIZED	NON-INSTITUTIONALIZED	MALE	FEMALE
QOL (Physical health)	58.08	64.05	58.68	63.45
QOL(Psychological)	51.37	65.73	56.4	60.7
QOL(Social relationship)	60.08	62.30	58.21	70.16
QOL(Environment)	68.07	75.63	70.07	73.63
COPING (Confronting)	7.33	6.48	7.11	6.7
COPING (Distancing)	10.90	6.85	8.5	9.25
COPING (self-controlling)	12.20	8.03	9.78	10.45
COPING(Seeking social support)	7.42	7.48	7.28	7.62
COPING(accepting responsibility)	6.35	5.32	5.15	6.51
COPING (Escape avoidance)	8.50	5.08	6.71	6.86
COPING(planful problem solving)	9.13	8.58	8.43	9.28
COPING(positive reappraisal)	13.77	9.77	11.63	11.9
Psychological Well-being	46.90	39	40.57	46.31

Table 2 depicts the significant difference between institutionalized

and Non-institutionalized elderly in terms of different dependent variables.

Dependent Variables	df value	F ratio	Sig.lvl	Sig. of mean difference
QOL (Physical health)	1	6.109	0.015	Significant
QOL(Psychological)	1	27.462	0.000	Significant
QOL(Social relationship)	1	2.742	0.100	Non-significant
QOL(Environment)	1	17.128	0.000	Significant
COPING(Confronting)	1	3.001	0.086	Non-significant
COPING(Distancing)	1	43.481	0.000	Significant
COPING(self-controlling)	1	65.466	0.000	Significant
COPING (Seeking social support)	1	0.018	0.893	Non-significant
COPING (accepting responsibility)	1	7.005	0.009	Significant
COPING (Escape avoidance)	1	50.854	0.000	Significant
COPING (planful problem solving)	1	1.492	0.224	Non-significant
COPING (positive reappraisal)	1	48.216	0.000	Significant
Psychological Well-being	1	39.48	0.000	Significant

0.05 significance level is considered.

TABLE 3 depicts the significant gender difference in respects to the different dependent variables.

Dependent Variables	df value	F ratio	Sig.lvl	Sig. of mean difference
QOL (Physical health)	1	3.899	0.051	Significant
QOL (Psychological)	1	2.460	0.119	Non-significant
QOL (Social relationship)	1	27.359	0.000	Significant
QOL (Environment)	1	3.806	0.053	Significant
COPING (Confronting)	1	0.721	0.397	Non- Significant
COPING (Distancing)	1	1.491	0.225	Non- Significant
COPING (self-controlling)	1	1.676	0.198	Non- Significant
COPING (Seeking social support)	1	0.452	0.503	Non- Significant
COPING (accepting responsibility)	1	12.253	0.001	Significant
COPING (Escape avoidance)	1	0.098	0.755	Non- Significant
COPING (planful problem solving)	1	3.564	0.062	Non- Significant
COPING (positive reappraisal)	1	0.214	0.644	Non- Significant
Psychological Well-being	1	27.28	0.000	Significant

Analyzing the findings from table 2 it has been found out that there exist a significant mean difference between institutionalized and non-institutionalized elderly people with regard to their quality of life in 3 domains: physical health, psychological and environment. Elderly persons living in family set up has undergone regular medical check up, greater dependence on medical substances, they are more psychologically attached with their family members and greater difference in home environment and institutional environment (physical environment, freedom, safety) results significant mean difference in this specific domains(physical health, psychological and environment) of quality of life. This finding can be supported by the study of LAXMI DEBI and ROOPA K.S(2012) that also suggests significant mean difference between institutionalized and non-institutionalized men and women in all dimensions of quality of life.

The table no.2 further reveals that there exist a significant mean difference between institutionalized and non-institutionalized elderly with regard to their coping with stress in 5 domains: distancing, self-controlling, accepting responsibility, escape avoidance and positive reappraisal. It may be due to the fact that Institutionalized elderly made greater adjustment and try to detach themselves from stressful situation. Institutionalized elderly members living in a disciplinary set up they made more effort to regulate one's feelings, they acknowledge their own role in the problem with concomitant theme of trying to put things right. Living in an institutional boundaries elderly made more

behavioural effort to escape the problem in order to adjust with the environment. As institutionalized elderly are more connected to the larger external reality and social acquaintance to different kinds of people. All the probable causes results significant mean difference in some specific domains of coping with stress. This finding can be supported by a study of Rakesh Singh and Sharika Mahato(2014) conducted on institutional and non-institutional elderly found that there exist a significant difference in mean score of coping strategies in institutional and home setting.

From the Table 2 it is also evident that there exist a significant difference between the 2 groups (institutionalized and non-institutionalized) with regard to their psychological well-being. Those who live with their family set up suffer more from low self-esteem thinking that they are useless moreover a burden. Whereas those who are institutionalized can avoid such feeling of being burden and enjoy an extra bit of freedom to live their lives in their own terms. This may be accounted for the presence of significant mean difference among these 2 groups. The present finding is similar to the study made by Guangya Liu, Matthew E. Dupre(2012) and Radhey Shayam, Sudesh Yadev (2006) showed that institutional adults has better psychological health than the community residing counterpart.

Analysing the findings from the table 3 it has been found out that there exist a significant mean difference between male and female with regard to their quality of life in 3domains: physical health, social relationship and environment. Females are much involves in the activities of daily life in community services. Women tend to make many personal contacts and try to connect meaningfully with community residents. They find opportunities and participate in recreation present in the physical environment. This may be accounted for the presence of significant mean difference among these 2 groups(male & female). The present finding is similar to the study made by Sarita Sood, Arti Bakshi(2014) there are differences in physical health and social relationships of male and female aged Kashmiri migrants.

The table no.3 further reveals that there exist a significant gender difference in accepting responsibility as coping strategy it may be due to women are likely to take domestic household responsibilities and acknowledges their own role in the problem and try to put things right than men.

From the table 3 it is evident that there exists a significant gender difference in psychological well-being. Women show better score in psychological well being than men it may be due to women independently participates in activities of the existing physical environment and even after departure of their husband they tend to remain the same while men are much more dependent upon their wives and after departure of their wives due to lack of that dependency may be accounted for lower psychological well-being. The present finding is supported by the study made by Carol Graham & Soumya Chattopadhyay(2012) find that women have high average level of reported well-being than men worldwide.

CONCLUSION

1. There is a significant difference among a group of institutionalized and non-institutionalized elderly with respect to their physical health, psychological and environmental quality of life.
2. There is a significant difference regarding quality of life (physical health, social relationship and environment) with respect to their gender.
3. There is a significant difference among a group of institutionalized and non-institutionalized elderly with respect to their distancing, self-controlling ,accepting responsibility ,escape avoidance and positive reappraisal.
4. There is a significant difference regarding accepting responsibility as coping strategy with respect to their gender.
5. There is a significant difference regarding psychological well-being in terms of both institutionalization and gender variation.

REFERENCES

1. Arora,M and Chadha, N.K(1995): Social support and life satisfaction of institutionalized elderly, Indian Journal Of Gerontology
2. Kozma A. and Stones, M.J(1978): Some research issues and findings in the study of psychological well-being in aged.
3. Lazarus R.S. and Folkman S(1984): Stress Appraisal And Coping, New York
4. Devi .L and Roopa K.S. (2013): Quality of life elderly men and women in Institutional and Non-institutional setting in Urban Bangalore District; Research Journal Of Family, Community and eConsumer Sciences
5. Singh R., Sharikha .M(2014) Coping Strategies Adopted by the institutionalized and non-institutionalized elderly in Kathmandu, Nepal: International Journal Of Research and Department of Health ;vol2(1):11-18
6. Shyam R .& Sudesh Y(2006) Indices Of Well-being Of Older Adult:A study amongst institutional and non-institutional elderly;Pakistan Journal Of Psychological Research, Vol.21
7. Graham,C,Chattopadhyay S,(2012):Gender And Well-being around the world;