

“A STUDY TO ASSESS THE PSYCHOSOCIAL PROBLEMS AMONG INSTITUTIONALIZED ELDERLY OF A SELECTED OLD AGE HOME AT LUCKNOW, U.P.”

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ABSTRACT

A Study was undertaken to assess the psychosocial problems among institutionalized elderly of a selected old age home at Lucknow U.P.

The objectives of the study were to: Assess the psychosocial problems of institutionalized elderly.

The conceptual framework adopted for the study was based on Roy's Adaptation Model developed by Callista Roy. Roy's Adaptation Model focuses on the response of the adaptive system to constantly changing environment.

The study adopted a descriptive cross-sectional design. The population comprised of 35 Institutionalized elderlies living in Aastha Old Age Home, Lucknow. A purposive sampling technique was used to select the samples.

A structured questionnaire and rating scales was used to assess the psychosocial problems of institutionalized elderlies which comprised of three sections:

- I. Demographic variables
- II. Lubben Social Network Scale
- III. Brief Psychiatric Rating Scale

Data Collection was analyzed and interpreted based on objective using descriptive statistics.

The major finding is summarized as follows:

Demographic variable:

It was evident that regarding age, highest percentage of institutionalized elderly i.e., (54.28%) were in the age group of 60-74 year, (54.28%) were females, (57.14%) were married, (31.42%) were graduate, (80%) were nuclear family, (40%) were from upper middle class, (85.71%) were from urban areas, (24%) have medical illness, (25%) have psychosocial issues.

Lubben Social Network Scale

With regards to Lubben Social Network Scale- Revised (LSNS-R) majority of the participants i.e., 60% scored less than 20 which indicates extremely limited social network with high risk of isolation.

Brief Psychiatric Rating Scale

With reference to Brief Psychiatric Rating Scale majority (45%) of the subject had no psychiatric issues symptomatology, 35% subjects had mild symptoms, 12% were moderately ill & 5% were markedly ill.

Psychosocial problem is one of the most common problems among elderly mainly due to the neglected family members, loss of spouse, lack of financial security, far from social activities etc., so psychosocial problems have effect on the interaction, interdependency with other and creating isolation idleness in mind.

INTRODUCTION

World Health Organization (WHO) defines Aging is the process of becoming old.

The older adult can be further subdivided into chronologic categories of young old (65-74years), middle old (75-84years), old-old (85-94years), and elite old (95years and old).

At the biological level, ageing results from the impact of the accumulation of a wide variety of molecular and cellular damage overtime. This leads to a gradual decrease in physical and mental capacity, a growing risk of disease and ultimately death. Common condition in older age includes hearing loss, cataracts and refractive errors, back and neck pain and osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression and dementia. As people age advances, they are more likely to experience several conditions at the same time.

Elders above the age of 60 years those who are destitute, lost family, thrown out from family, whose children migrated, lacks care and support from family, who are economically insecure, who need food and shelter etc. are dependent upon for the Institutional services mainly run by government and non-government organization.

Psychosocial problems are mental issues caused or influenced by life experiences, as well as maladjustment, cognitive and behavioral process.

NEED OF STUDY

Older adults are the most rapidly growing segment of the population. According to census 2011, India has 104 million older people (>60years), constituting 8.6% of total population. Amongst the elderly (>60), females out number males. 1st October every year is celebrated as Worlds Elders Day globally.

According to WHO, globally the population is ageing rapidly. Between 2015 and 2050 the proportion of the world's population over 60 years will be nearly double, from 12% to 22%. Mental and neurological disorders among older adults account for 66% of the total disability for the age group. Approximately 15% of adults aged 60 and above suffers from mental disorder.

A research study was conducted on 86 institutionalized elderlies in Moradabad U.P in the year 2021 which shows that 47.7% of the sample suffered from mild psychosocial problems, 46.7% of sample had moderate psychosocial problems, 3.5% of sample have severe psychosocial problems and 2.3% of the sample had no psychosocial problems.

According to a news article published in "*The Wire*" in the year 2017, neglect was a major problem of most of the elderly, with over 45% stating that their family members did not care for their needs and interest. In fact, a past study by the Agewell foundation in 2014, had also highlighted many elderlies were subjected to physical abuse by the children and grandchildren.

Psychosocial problem is one of the most common problems among elderly mainly due to the neglected family members, loss of spouse, lack of financial security, far from social activities etc., so psychosocial problems are effect on the interaction, interdependency with other and creating isolation idleness in mind.

A research study was conducted on 120 elderlies aged between 60-80 years at Dindigul District, Tamil Nadu in the year 2016 shows that the level of psychosocial problems according to individual domain are: more than half (62%) of the sample are unhappy and feel useless. Next to that nearly (61%) of elderly people are living the life without satisfaction and difficulty in social adjustment, (58%) of the people feel loneliness and (56%) of the sample think that they loss to lost their status in life.

As indicated through this brief discussion that psychosocial problems are a major issue among the old age population. Exclusive research has been conducted in this field. The investigators with their own experience felt that psychosocial problem among institutionalized elderly should be addressed. Further no such studies have been conducted in the selected community related to psychosocial problems among institutionalized elderlies.

STATEMENT OF THE STUDY

"Assess the psychosocial problems among institutionalized elderly of a selected old age home at Lucknow, U.P."

OBJECTIVES

The objectives of the study was to Assess the level of psychosocial problems among the institutionalized elderly.

ASSUMPTION

Psychosocial problems are more common among elderly due to negligence, low socio-economic status, work & family stress, social isolation, depression, anxiety, post-traumatic stress disorder.

MATERIAL AND METHOD

The investigators had adopted a descriptive cross sectional research design by using purposive sampling. In this study 35 institutionalized elderly participated and data was collected using Demographic proforma, Lubben social network scale and Brief psychiatric rating scale.

RESULT

Data was analysed by using Descriptive Statistics.

Demographic variables

With relation to age, majority of institutionalized elderly i.e. (54.28%) were in 60-74 years of age group, (54.28%) were females, (57.14%) were married. In relation to educational qualification, majority of institutionalized elderly i.e. (31.42%) were graduate, (80%) belonged to nuclear family, (40%) were from upper middle class, (85.71%) were from urban area. With respect to history of any medical illness, majority of institutionalized elderly i.e. (68.57%) had history of medical illness, (71.42%) had history of psychological issues.

Table 41 Frequency and percentage distribution of demographic variables of institutionalized elderly.

N=35

S.no	Demographic Variables	Frequency (f)	Percentage (%)
1	Age in years		
1.1	60-74 years	19	54.28%
1.2	75-84 years	12	34.28%
1.3	85-94 years	2	5.71%
1.4	95 years and older	2	5.71%
2	Gender		
2.1	Male	16	45.71%
2.2	Female	19	54.28%
2.3	Transgender	0	0%
3	Marital status		
3.1	Unmarried	12	34.28%
3.2	Married	20	57.14%
3.3	Separated	1	2.85%
3.4	Divorced	1	2.85%
3.5	Widow	1	2.85%
4	What is your educational qualification?		
4.1	Illiterate	5	14.28%
4.2	Primary	6	17.14%
4.3	Secondary	5	14.28%
4.4	Higher secondary	4	11.42%
4.5	Graduation	11	31.42%
4.6	Post-graduation	4	11.42%
4.7	Above master's degree	0	0%
5	Type of family		
5.1	Nuclear	28	80%
5.2	Joint	7	20%
5.3	Extended	0	0%
6	Socio economic status		

6.1	Higher class	10	28.57%
6.2	Upper middle class	14	40%
6.3	Middle class	11	31.42%
6.4	Lower class	0	0%
7	Domicile		
7.1	Urban	30	85.71%
7.2	Rural	5	14.28%
8	History of any medical illness		
8.1	Yes	24	68.57%
8.2	No	11	31.42%
9	History of any psychological issue		
9.1	Yes	25	71.42%
9.2	No	10	28.57%

Lubben Social Network Scale

With respect to social engagement with family and friends, majority of the participants (i.e.,60%) scored less than 20 which indicates extremely limited social network with high risk of isolation.

Table 2 Frequency and percentage distribution of social engagement of institutionalized elderly.

N=35

S.no	Question	Frequency (f)	Percentage (%)
1	How many relatives do you see or hear from at least once a month?		
1.1	0 = none	15	42.85%
1.2	1 = one	15	42.85%
1.3	2 = two	4	11.42%
1.4	3 = three or four	3	8.57%
1.5	4 = five thru eight	0	0%
1.6	5 = nine or more	0	0%
2	How often do you see or hear from the relative with whom you have the most contact?		
2.1	0 = less than monthly	16	45.71%
2.2	1 = monthly	8	22.85%
2.3	2 = few times a month	9	25.71%
2.4	3 = weekly	1	2.85%
2.5	4 = few times a week	0	0%
2.6	5 = daily	0	0%
3	How many relatives do you feel at ease with that you can talk about private matters?		
3.1	0 = none	21	60%
3.2	1 = one	11	31.48%
3.3	2 = two	2	5.71%
3.4	3 = three or four	1	2.85%
3.5	4 = five thru eight	0	0%
3.6	5 = nine or more	0	0%
4	How many relatives do you feel close to such that you could call on them for help?		
4.1	0 = none	15	42.85%
4.2	1 = One	15	42.85%
4.3	2 = two	5	14.28%
4.4	3 = three or four	0	0%
4.5	4 = five thru eight	0	0%
4.6	5 = nine or more	0	0%
5	When one of your relatives has an important decision to make, how often do they talk to you about it?		
5.1	0 = never	20	57.14%
5.2	1 = seldom	10	28.57%
5.3	2 = sometimes	4	11.42%
5.4	3 = often	1	2.85%

5.5	4 = very often	0	0%
5.6	5 = always	0	0%
6	How often is one of your relatives available for you to talk to when you have an important decision to make?		
6.1	0 = never	20	57.14%
6.2	1 = seldom	11	31.42%
6.3	2 = sometimes	4	11.42%
6.4	3 = often	0	0%
6.5	4 = very often	0	0%
6.6	5 = always	0	0%
7	How many of your friends do you see or hear from at least once a month?		
7.1	0 = none	25	71.42%
7.2	1 = one	7	20%
7.3	2 = two	2	5.71%
7.4	3 = three or four	1	2.84%
7.5	4 = five thru eight	0	0%
7.6	5 = nine or more	0	0%
8	How often do you see or hear from the friend with whom you have the most contact?		
8.1	0 = less than monthly	25	71.42%
8.2	1 = monthly	8	22.85%
8.3	2 = few minutes a month	2	5.71%
8.4	3 = weekly	0	0%
8.5	4 = few times a week	0	0%
8.6	5 = daily	0	0%
9	How many friends do you at ease with that you can talk about private matters?		
9.1	0 = none	24	68.57%
9.2	1 = one	8	22.85%
9.3	2 = two	3	8.57%
9.4	3 = three or four	0	0%
9.5	4 = five thru eight	0	0%
9.6	5 = nine or more	0	0%
10	How many friends do you feel close to such that you could call on them for help?		
10.1	0 = none	23	65.71%
10.2	1 = one	10	28.57%
10.3	2 = two	2	5.71%
10.4	3 = three or four	0	0%
10.5	4 = five thru eight	0	0%
10.6	5 = nine or more	0	0%
11	When one of your friends has an important decision to make, how often do they talk to you about it?		
11.1	0 = never	26	74.28%
11.2	1 = seldom	5	14.28%
11.3	2 = sometimes	4	11.42%
11.4	3 = often	0	0%
11.5	4 = very often	0	0%
11.6	5 = always	0	0%
12	How often is one of your friends available for you to talk to when you have an important decision to make?		
12.1	0 = never	25	71.42%
12.2	1 = seldom	6	17.14%
12.3	2 = sometimes	3	8.57%
12.4	3 = often	0	0%
12.5	4 = very often	0	0%
12.6	5 = always	1	2.85%

Brief Psychiatric Rating Scale

With regards to the presence of any psychiatric symptomatology majority (45%) of the subject had no psychiatric issues symptomatology 35% subjects had mild symptoms, 12% were moderately ill & 5% were markedly ill.

Table 3 Frequency and percentage distribution of symptoms of institutionalized Elderly.

S.no	Symptoms	Frequency(f)	Percentage (%)
1	Somatic concern		
	0 = not assessed	1	28.7%
	1= not present	12	34.28%
	2= very mild	15	42.85%
	3= mild	2	5.71%
	4= moderate	3	8.57%
	5= moderately severe	0	0%
	6= severe	2	5.71%
	7= extremely severe	0	0%
2	Anxiety		
	0 = not assessed	1	2.87%
	1= not present	8	22.85%
	2= very mild	12	34.28%
	3= mild	8	22.85%
	4= moderate	3	8.57%
	5= moderately severe	2	5.71%
	6= severe	1	2.87%
	7= extremely severe	0	0%
3	Emotional withdrawal		
	0 = not assessed	0	0%
	1= not present	7	20%
	2= very mild	15	42.8%
	3= mild	5	14.2%
	4= moderate	4	11.4%
	5= moderately severe	2	0.7%
	6= severe	1	2.87%
	7= extremely severe	1	2.87%
4	Conceptual disorganization		
	0 = not assessed	1	2.87%
	1= not present	7	22.8%
	2= very mild	12	34.28%
	3= mild	4	11.42%
	4= moderate	4	11.42%
	5= moderately severe	4	11.42%
	6= severe	1	2.87%
	7= extremely severe	1	2.87%
5	Guilt feeling		
	0 = not assessed	1	2.87%
	1= not present	20	75.14%
	2= very mild	8	22.8%
	3= mild	3	8.57%

	4= moderate	1	2.87%
	5= moderately severe	1	2.87%
	6= severe	1	2.87%
	7= extremely severe	0	0%
6	Tension		
	0 = not assessed	0	0%
	1= not present	9	25.71%
	2= very mild	11	31.42%
	3= mild	5	14.28%
	4= moderate	7	20%
	5= moderately severe	2	5.71%
	6= severe	1	2.87%
	7= extremely severe	0	0%
7	Mannerism and posturing		
	0 = not assessed	0	0%
	1= not present	16	45.71%
	2= very mild	8	22.85%
	3= mild	2	5.71%
	4= moderate	3	8.57%
	5= moderately severe	5	19.28%
	6= severe	0	0%
	7= extremely severe	1	2.87%
8	Grandiosity		
	0 = not assessed	5	14.28%
	1= not present	18	51.42%
	2= very mild	6	17.14%
	3= mild	1	2.85%
	4= moderate	3	8.57%
	5= moderately severe	0	0%
	6= severe	2	5.71%
	7= extremely severe	0	0%
9	Depressive mood		
	0 = not assessed	2	5.71%
	1= not present	8	22.8%
	2= very mild	10	28.57%
	3= mild	7	20%
	4= moderate	6	17.14%
	5= moderately severe	0	0%

	6= severe	1	2.87%
	7= extremely severe	1	2.87%
10	Hostility		
	0 = not assessed	0	0%
	1= not present	14	40%
	2= very mild	11	31.42%
	3= mild	5	14.28%
	4= moderate	3	2.85%
	5= moderately severe	0	0%
	6= severe	0	0%
	7= extremely severe	2	5.71%
11	Suspiciousness		
	0 = not assessed	0	0%
	1= not present	16	45.71%
	2= very mild	12	28.57%
	3= mild	5	14.28%
	4= moderate	1	2.85%
	5= moderately severe	0	0%
	6= severe	0	0%
	7= extremely severe	1	2.87%
12	Hallucinatory behaviour		
	0 = not assessed	4	11.42%
	1= not present	16	48.52%
	2= very mild	10	28.57%
	3= mild	2	5.71%
	4= moderate	2	5.71%
	5= moderately severe	0	0%
	6= severe	0	0%
	7= extremely severe	1	2.87%
	0 = not assessed	0	0%
13	Motor retardation		
	1= not present	13	37.14%
	2= very mild	9	22.8%
	3= mild	4	11.42%
	4= moderate	5	14.28%
	5= moderately severe	2	5.71%
	6= severe	0	0%
	7= extremely severe	2	5.71%

14	Uncooperativeness		
	0 = not assessed	1	2.87%
	1= not present	16	45.71%
	2= very mild	9	25.71%
	3= mild	4	11.42
	4= moderate	2	5.71%
	5= moderately severe	2	5.71%
	6= severe	0	0%
	7= extremely severe	1	2.87%
15	Unusual thought content		
	0 = not assessed	2	5.71%
	1= not present	16	45.71%
	2= very mild	8	22.85%
	3= mild	3	8.57%
	4= moderate	2	5.71%
	5= moderately severe	1	2.87%
	6= severe	1	2.87%
	7= extremely severe	2	5.71%
16	Blunted effect		
	0 = not assessed	0	0%
	1= not present	16	42.71%
	2= very mild	9	25.71%
	3= mild	4	11.42%
	4= moderate	3	8.57%
	5= moderately severe	2	5.71%
	6= severe	0	0%
	7= extremely severe	1	2.87%
17	Excitement		
	0 = not assessed	1	2.87%
	1= not present	20	62.85%
	2= very mild	8	22.85%
	3= mild	2	5.71%
	4= moderate	2	5.71%
	5= moderately severe	0	0%
	6= severe	0	0%
	7= extremely severe	1	2.87%
18	Disorientation		

	0 = not assessed	0	0%
	1= not present	21	60%
	2= very mild	5	14.28%
	3= mild	3	8.57%
	4= moderate	3	8.57%
	5= moderately severe	1	2.87%
	6= severe	0	0%
	7= extremely severe	2	5.71%

CONCLUSION

The investigator analyzed the data & came to conclusion that the psychosocial problems were mostly seen subjects with limited social network with high risk of isolation but with respect to presence of psychiatric symptomatology 45% of the subjects had no psychiatric symptomatology & only 35% of subjects had mild symptoms.

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