

Anxiety among Residents of Pay& Stay Senior Care Homes for the Aged

Dr. Suresh.K, Mr. Srisailamaiah.Maheswara,

ICSSR Post Doctoral Fellow, Center for Research on Ageing, Dept. of Psychology, Sri Venkateswara University, Tirupati. Andhra Pradesh .517502

Research scholar Dept. of Psychology, Sri Venkateswara University, Tirupati. Andhra Pradesh.

Corresponding Author: Dr. Suresh.K

Abstract: It is commonly observed that decline in physical health, changes in memory functions and impaired functioning in late adulthood diminish resilience and adaptive capacity which makes the elderly prone to anxiety and adjustmental problems. This study is an attempt to assess the sources of anxieties in a sample of 100 residents of pay and stay senior care homes for the aged located in United Andhra Pradesh from the age groups of 60-70 years were drawn by using a random sampling technique. The sample is drawn from the data set on ICSSR funded project. Focus group discussions (in small groups) were conducted to identify antecedents of anxieties of older persons the sample was divided into small groups ($N = 10 \times 16 = 160$) and focused group discussions were organized on certain identified themes to explore sources of anxiety. Results show that health, disease / disability and resultant dependency, health care costs, family care supports in old age were found to be the significant sources of anxiety among residents. Significance of mental health programmes targeting this special group of elderly are discussed.

Key Words:Anxiety, Residents, Pay& Stay Senior Care Homes

Date of Submission: 15-01-2018

Date of acceptance: 14-02-2018

I. Introduction

Ageing an inevitable developmental phenomenon accompanied by changes in physical, psychological and social domains. As Birren and Schaie (2006) states biological aging refers to regular changes that occur in mature genetically representative organism living under representative environmental conditions as they advance in chronological age. This becomes all the more salient when one finds left alone to take care of him/her in later years of life. Indeed, the loneliness and neglect associated with old age was not a concern in Indian contexts when joint families were the predominant source of interaction. It is the breakdown of the traditional joint family system, growing urbanization and fast moving modern life that made elderly vulnerable to loneliness and feelings of alienation. Furthermore, erosion of moral values and social norms in the modern industrialized Indian culture has intensified the situation.

Reviews on Indian gerontology and geropsychology indicate that one of the thrust areas in geropsychology is mental health concerns of residents living in care homes for the aged (Ramamurti & Jamuna, 1995; Ramamurti, Liebig & Jamuna, 2015). In view of this, an attempt was made through the present study to examine the antecedents of anxiety among residents of Pay& Stay Senior care homes for the aged located in United Andhra Pradesh (Andhra Pradesh and Telangana).

II. Method:

Sample and Measures Used

A sample of 100 residents of Pay& Stay Senior care homes for the aged located in United Andhra Pradesh from the age groups of 60-70 years were drawn by using a random sampling technique. The sample is drawn from the data set on ICSSR funded project. Focus group discussions (in small groups) were conducted to identify antecedents of anxieties of older persons and Beck Anxiety Inventory-BAI (Beck, 1998) which was standardized on Indian elderly (Jamuna, 2012) was used to assess levels of Anxiety in the sample of older adults. The test-retest reliability of BAI was 0.81. Testing was carried out through individual interviews in two sessions. In session I permission from administrators of care homes was sought, rapport was established with the personal details of residents were gathered. Focus group discussions were organized by dividing them into small groups i.e. each with 10 older men (5) and women (5). Focus group discussions were organized in male and female elderly as separate groups in 60-65 years groups based on certain identified themes. The anxieties as experienced by subjects were recorded. In session 1, only those who were interested and willing to continue were retained. Accordingly only intensity of anxiety was measured in 100 elderly men and women. In session 2,

Beck's Anxiety Inventory was administered to get data on intensity of anxiety as experienced by residents (Jamuna, 2012).

III. Results And Discussion:

The causes of anxiety among residents of Pay & Stay Senior care homes for the aged were collected by organizing Focus Group discussion. Focus group discussion were organized by dividing the residents of Pay & Stay Senior care homes for the aged in small groups (N = 10) and encouraged them to focus their discussion specifically on certain themes to identify the major sources of anxiety. Based on the outcome of the discussion, the information was sorted out into four broad themes viz., Health & Disability, Family & Social Life, Economic Aspects and Psychological Concerns. The antecedents as obtained through qualitative analysis are reported in Table 1.

Table-1: Causes of Anxiety in Residents of Pay & Stay Senior Care Homes for the Aged

Causes	Male (%)	Female (%)
Health & Disability	74.2	88.6
Family & Social Relationships	71.3	78.1
Economic/ Financial	76.01	66.9
Personal/ Psychological	66.92	57.2
Impending Death	71.8	69.2
Loss of Spouse/ Loved ones	78.3	71.9

For purposes of clarity, causes for anxiety as reported by male residents and female residents were compiled separately. From the details in Table-1 pertaining to sources of anxiety in male and female residents of Pay & Stay Senior care homes for the aged, it is evident that the major causes of anxiety in majority of male residents was loss of spouse/loned ones (78.3%) followed by economic/financial dependency for their needs (76.01%), health & disability (74.2%), family & social relationships (71.3%) and personal or psychological concerns (66.92%). In female residents of free care homes health & disability (88.6%), family & social relationships (78.1%), loss of spouse (71.9%), economic & financials (66.9%), apprehension of death (69.2%) and personal & psychological (57.2%).

The major sources of anxiety as reported by majority of male residents were loss of spouse/loved ones followed by economic/financial, health & disability and family/social relationships. In female elderly the major sources of anxiety were health & disability, followed by family/social relationships, loss of spouse/ loved ones, impending death and economic/ financial problems. The themes as emerged in FGD are represented in Figure-1.

Figure-1: Source of Anxiety in Residents of Pay & Stay Senior Care Homes for the Aged

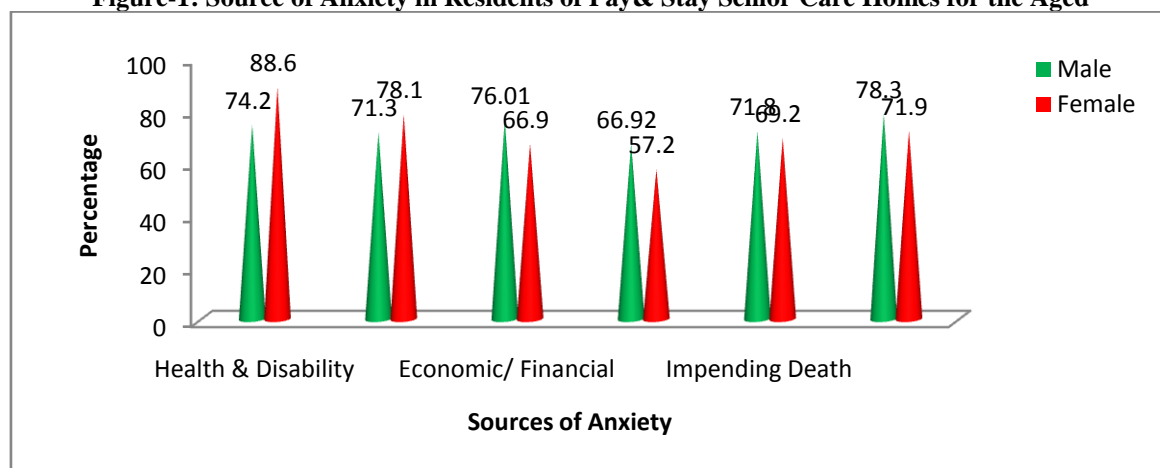


Table-2: Intensity of Anxiety among Residents of Different Socio Demographic Subgroups in Pay & Stay Senior Care Homes for the Aged (N = 100)

Sl.No	Category	N	Mean (SD)	t value
1.	Age			
	a) 60 – 65	50	38.38 (12.90)	1.987*
	b) 66 – 70	50	33.66 (10.76)	
Gender				
2.	a) Male	50	32.42 (10.56)	1.989*
	b) Female	50	36.60 (10.45)	
	Education			
3.	a) No education	74	40.09 (12.25)	1.985*
	b) Primary	26	34.38 (13.61)	
	Marital Status			
4.	a) Widow	23	28.52 (09.61)	4.063**
	b) Married but single	77	39.10 (11.31)	
	Economic Status			
5.	a) Poor	56	39.52(11.86)	1.987*
	b) Lower income	44	34.95(10.77)	

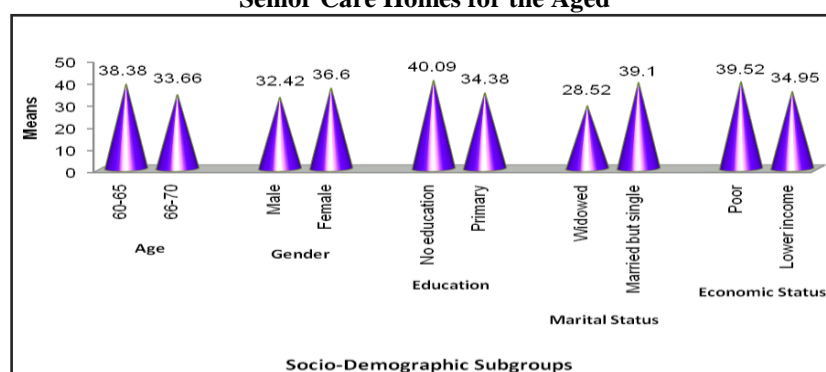
*P<0.05; **P<0.01

Further analysis on intensity of anxiety among residents shows (Table-2) that age, gender, education, marital status and economic subgroup differences were statistically significant. Residents in 60-65 years, female, residents with no education, widowed and those from lower income groups reported slightly higher levels of anxiety. The examinations of magnitude of mean differences between subgroups were found to be small but they were statistically significant in explaining its effect on anxiety levels in age, gender, education, marital status and economic subgroups. The various trends of anxiety are illustrated in Figure-2.

From the Focus Group Discussions, evidently that one of the sources of anxiety is health and disability related concerns. It is obvious that certain preoccupations with health problems, impending disease (fear) & hospitalization, fear of dependency for care & support and loss of independence in functional activities are common in many elderly. Infact, daily prayer of majority of residents leads life without disease, disability and dependency. This has been strongly reflected in the FGD themes. In the second theme viz., family & social relationships certain constant preoccupations such as worry over family and/or social interactions, changing interaction patterns, dearth of social supports and decreasing size of social network make the elderly persons feel anxiety most of the times.

The third domain which has been identified as the source of anxiety was, haunting worry which is contributing to anxiety among residents of free care homes for the aged is economic / financial concerns such as fear of care costs of disease and disability in case of their health problems, fear of financial burden on oneself and on their family for hospitalization (which many residents don't want to happen). Also majority worried that in the case of increased costs of health problems, what will be their future finances in care home (where they stay). The fourth domain which was identified as one of the sources of anxiety in residents of free care homes was personal / psychological concerns. It simply means for the residents the feelings of hopelessness, loneliness, worthlessness, and inadequacy which they encounter most frequently and almost daily.

Figure-2: Intensity of Anxiety in Residents of Different Socio Demographic Subgroups in Pay & Stay Senior Care Homes for the Aged



The outcome of the present study demonstrated the need for mental health care services for residents living in Pay& Stay Senior care homes for the aged. Awareness on various mental health problems and steps towards mental hygiene are to be planned for this special concern groups. As there is a dearth of social/ family supports and social interactions there is a dire need for the provision of social supports to promote feelings of self worth and well-being. Further, based on the concerns found in the study, health care services are to be improved with special health plan for these residents. It is also clear from the study that health needs to be prioritized by a multipronged approach considering physician visits, nutritional needs, physical fitness simple physical exercises, yoga or meditation, spiritual activities, social visits, leisure time activities etc.

IV. Conclusion

The finding of the study has practical and policy implications as well. Recent mental health care bill must provide special provision of mental health services for residents living in care homes for the aged. A continuous health monitoring programmes are needed to ensure better physical and mental health concerns and to reduce the incidence of physical & psychological illness during old age. These can be incorporated and integrated into a comprehensive scheme to provide for the physical, mental, economic & social wellbeing.

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International Journal of Humanities and Social Science Invention (IJHSSI) is UGC approved Journal with Sl. No. 4593, Journal no. 47449.

Dr. K.Suresh “Anxiety among Residents of Pay& Stay Senior Care Homes for the Aged”
International Journal of Humanities and Social Science Invention (IJHSSI) 7.1 (2018):PP 17-20