

A Comparative Study to Assess The Prevalence of Depression And Loneliness Among Institutionalized And Non-Institutionalized Elderly In Selected Community in District Amaritsar And Tarntaran(Punjab).

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Abstract: Aging is a natural process and it is considered as a normal, biological and an inevitable process. Due to trend of nuclear families most of the elderly are residing in old age homes. Many of them experiences loneliness and depression in old age; either as a result of living alone or due to lack of close family ties and reduced connections with their culture origin, which results in an inability to participate in the community activities. A comparative study was conducted in to assess the prevalence of depression and loneliness among institutionalized and non-institutionalized elderly. Total 100 were taken for the study (50 from each setting). Elderly enrolment was done by convenient sampling technique. Geriatric depression scale and UCLA loneliness scale was used to assess the depression and loneliness among elderly. 42.0% of institutionalized elderly were having mild depression, 58.0% were having severe depression and 64.0% of non-institutionalized elderly were having mild depression, 36.0% of non-institutionalized elderly were having severe depression. 06.0% of institutionalized elderly were having severe loneliness, 92.0% elderly were having moderate loneliness and 02.0% elderly were having mild loneliness and 06.0% of non-institutionalized elderly were having severe loneliness, 74.0% of elderly were having moderate loneliness, 02.0% of elderly were having mild loneliness. The result revealed that depression and loneliness was more among institutionalized elderly as compared to non-institutionalized elderly. This means that institutionalization is a cause for depression and loneliness among elderly.

Keywords: Institutionalization, Non-institutionalization

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I. Introduction

Ageing is a natural process and it is considered as a normal, biological and an inevitable process. The process of ageing is classically depicted as one of constant and inexorable decline after reaching a peak of bodily function and efficiency around the second decade of life.¹ Old age homes are particularly relevant in the context of aging and sustaining longevity in the older generation of the society. Old age homes not just provide a shelter and also look after the physical and psychological changes old age brings along. However many problems in well being are experienced by old age people in old age homes like loneliness, physical disabilities, lack of sleep, food, clothing and housing. It may be due to the absence of familial care and surroundings which indicate feelings of loneliness among intimates of old age homes.¹⁰ Many people experience depression in old age, either as a result of living alone or due to lack of close family ties and reduced connections with their culture of origin, which results in an inability to actively participate in the community activities. Social and cultural shift has also encroached the rural India which for centuries has boasted of a joint family system with high respect for its elderly members.¹⁰ Loneliness is a subjective, negative feeling related to the person's own experience of deficient social relations. It has become common to distinguish emotional and social loneliness. Emotional loneliness is missing an intimate attachment, such as a marital partner, and is accompanied by feelings of isolation and insecurity, and of not having someone close, while social loneliness is lacking a circle of friends and acquaintances that can provide a sense of belonging, of companionship and of being a member of a community.⁸

II. Objectives

- To assess the prevalence of depression and loneliness among institutionalized and non- institutionalized elderly.

- To compare the prevalence of depression and loneliness among institutionalized and non- institutionalized elderly.
- To find out the association between depression and loneliness of institutionalized and non-institutionalized elderly with selected socio-demographic variables.

III. Methodology

A research methodology defines what the activity of researcher is, how to proceed, how to measure progress, and what constitutes success. The methodology is the most important part of the research as it is the framework for conducting a study. This study was done to compare the prevalence of depression and loneliness among institutionalized and non-institutionalized elderly at selected community in Punjab. The accessible population is the population of subjects available for a particular study. The target population is the total group of subjects to whom the investigator is interested and to whom the results could reasonably be generalized. The population of the study was 100 elderly people (50 from village Khujala i.e. non-institutionalized and 50 from Bhai Vir Singh Birth Ghar Taran Taran i.e. institutionalized). Convenient sampling technique was used to collect to collect the data. In the present study geriatric depression scale was used to assess the depression and UCLA loneliness scale was used to assess the loneliness among elderly. Interview method was used to collect data from the respondents.

IV. Tools Used For The Study

Part-A:Socio-demographic Profile:

Socio-demographic profile contained details of demographics, for obtaining personal information of elderly people such as: age, gender, educational status, marital status, occupational status, monthly personal income, number of children, type of family etc.

Part-B: Standardized Geriatric Depression Scale (GDS):

This is the original scoring for the scale: One point for each of these answers.

1.NO	6.YES	11.YES	16.YES	21.NO	26.YES
2.YES	7.NO	12.YES	17.YES	22.YES	27.NO
3.YES	8.YES	13.YES	18.YES	23.YES	28.YES
4.YES	9.NO	14.YES	19.NO	24.YES	29.NO
5.NO	10.YES	15.NO	20.YES	25.YES	30.NO

Scoring: Levels of Depression

0-9	No Depression
10-19	Mild Depression
20-30	Severe Depression

Part-C: Standardized UCLA Loneliness Scale:

Key	Levels	Score
O indicates "I often feel this way"	Mild Loneliness	<20
S indicates "I sometimes feel this way"	Moderate Loneliness	21-40
R indicates "I rarely feel this way"	Severe Loneliness	41-60
N indicates "I never feel this way"		

V. Results

58.0% of institutionalized elderly were having severe depression, 42.0% were having mild depression and 0.0% were having no depression and 64.0% of non-institutionalized elderly were having mild depression, 36.0% of elderly were having severe depression, 0.0% of elderly were having no depression. Chi square value is 4.85 and p value is 0.028* significant at <0.05 level. 06.0% of institutionalized elderly were having severe loneliness, 92.0% elderly were having moderate loneliness and 02.0% elderly were having mild loneliness and 06.0% of non-institutionalized elderly were having severe loneliness, 74.0% of elderly were having moderate loneliness, 02.0% of elderly were having mild loneliness. Chi square value is 8.34 and p value is 0.015* significant at <0.05 level. Mean±SD score was 19.4±2.12 and 17.7±3.27 in institutionalized and non-institutionalized elderly respectively significance at the level 0.003**. Findings related score revealed that the Mean±SD score was 32.9±5.95 and 26.9±7.71 in institutionalized and non-institutionalized elderly respectively significance at the level 0.000**

Table 1: Comparison between depression and loneliness among institutionalized and non-institutionalized elderly:

Statistical data of depression and loneliness score among institutionalized and non-institutionalized elderly								
		N	Range	Mean	Std. Deviation	Mean % age	F Annova	Sig.
Depression	Institutionalized elderly (50)	50	13-22	19.4	2.12	64.7	9.51	0.003*
	Non-institutionalized elderly (50)	50	10-24	17.7	3.27	59.1		
Loneliness	Institutionalized elderly (50)	50	18-43	32.9	5.95	54.9	18.98	0.000*
	Non-institutionalized elderly (50)	50	6-45	26.9	7.71	44.9		

** P<0.01 - highly significant

Table 1 depicts the comparison of depression and loneliness among institutionalized and non-institutionalized elderly.

- Findings related score revealed that the Mean±SD score was 19.4±2.12 and 17.7±3.27 in institutionalized and non-institutionalized elderly respectively significance at the level 0.003**
- Findings related score revealed that the Mean±SD score was 32.9±5.95 and 26.9±7.71 in institutionalized and non-institutionalized elderly respectively significance at the level 0.000**
- This table depicts that the institutionalized elderly were having more depression and loneliness as compared to non-institutionalized elderly.

VI. Discussion

The present study depicted the level of depression among institutionalized and non-institutionalized elderly and it showed that 42.0% of institutionalized elderly were having mild depression, 58.0% elderly were having severe depression and 64.0% of non-institutionalized elderly were having mild depression, 36.0% elderly were having severe depression. This study findings supported by the study conducted by **S Ranjan et. al(2013)**⁴⁴ shown that 70.42% of institutionalized had mild depression and 29.58% had severe depression. The present study depicted the level of loneliness among institutionalized and non-institutionalized elderly and it showed that 06.0% of institutionalized elderly were having severe loneliness, 92.0% elderly were having moderate loneliness and 02.0% elderly were having mild loneliness and 06.0% of non-institutionalized elderly were having severe loneliness, 74.0% elderly were having moderate loneliness, 02.0% elderly were having mild loneliness. This study findings supported by the study conducted by **Christina R et al. (2011)**⁴⁵ which shown that 09.0% of institutionalized elderly had severe loneliness, 30.0% had mild loneliness and 61.0% had no loneliness.

Recommendations

- Similar study could be replicated on large sample to validate and generalize its findings.
- A similar study can be conducted with a large sample size.
- A similar study can be conducted by using other research approach e.g. (exploratory, experimental, quasi-experimental etc.).
- A similar study can be conducted by providing the relaxation techniques like play therapy, yoga therapy, meditation to reduce the loneliness and depression among elderly.
- A similar study can be conducted to explore the factors contributing to depression and loneliness among elderly.
- A study can be conducted in different settings.

Implications

Nursing practice

- The care givers in old age homes can be supervised by the mental health nurses or work in partnership.
- A mental health nurse can be appointed in old age homes.
- Some health talk or distribution of pamphlets can be put into practice by the nurses to make the people aware about needs, problems and modification of environment of elderly.
- The existing health serviced have mainly placed emphasis on curative aspects but more comprehensive care is required to improve the psychological health of aging population and increase their quality of life.

Nursing education

- With the changing demographic structure of the population, there is greater proportion of elderly people. The course curriculum should be updated by introducing individual subject of geriatric in bachelor course

and specialty in master degree so that the nurses will be able to manage this vulnerable section of population in right perspective.

- Continuing education programs should be conducted for mental health nurses and in hospitals staff nurses with an aim of updating their knowledge regarding problems of elderly related to age as well as to environment and its management, so that they can make the people aware about healthy environment for elders.

Nursing administration

- Nursing administrator should provide necessary facilities and opportunities for nursing staff to equip themselves with knowledge to deal with elderly, their needs and problems in physical, psychological and social perspective.
- Nursing administrator should encourage involvement of families, communities and elderly themselves in tackling their problems with the concept, 'people's health in people's hands'.
- Nursing administrator should conduct workshops, seminars in cooperation with the manager of the old age home so that care givers and nursing personnel can update their knowledge in geriatric nursing.

Nursing research

- Findings of this study can be utilized to create awareness among communities regarding depression and loneliness of elderly.
- Provide base for more extensive research in future as few studies have been conducted to compare the prevalence of depression and loneliness among elderly.

References

- [1]. Beena T. The psychological problems and coping strategies of elderly women; RGHUS. [internet]. 2006[cited 2006 Jan 15].
- [2]. Available from:
- [3]. <http://www.hdl.handle.net/123456789/3201>
- [4]. Townsend Marry C. Psychiatric Mental Health Nursing. 8th ed. Jaypee Brother Publisher; 2012.
- [5]. Situation Analysis of the Elderly in India. Central Statistics Office. Ministry of Statistics & Programme Implementation. Government of India. New Delhi: 2011.
- [6]. Lim LL, Kua EH. Living alone, loneliness, and psychological wellbeing of older persons in Singapore. Journal of Gerontol Geriatrics. 2011; Feb; 5(3):35-39.
- [7]. Scommegna P. Elderly Indian statistics. [internet].2012[cited 2012 Mar3].
- [8]. Available from:
- [9]. [http:// www.prb.org/Reports/2012/india-older-population, aspx](http://www.prb.org/Reports/2012/india-older-population.aspx)

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