

# A Comparative Study to Assess the Psychosocial Problems between Elderly People

Nakka Surya Teja\*

## Abstract

*Aging is an inevitable process, as famously stated by Seneca as “old age is an incurable disease.” However, a more contemporary perspective by Sir James Sterling Ross suggests that rather than trying to reverse old age, efforts should focus on safeguarding, promoting, and prolonging it, echoing the principles of preventive medicine. Human life typically unfolds across five distinct stages: infancy, childhood, adulthood, and old age, each presenting unique situations and challenges. Old age, in particular, brings its own set of difficulties. Physical strength wanes, mental faculties decline, financial resources may dwindle, and older individuals often experience neglect from younger generations.*

**Keywords:** aging, preventive medicine, old age, younger generations, physical strength.

## INTRODUCTION

Psychosocial challenges in old age encompass a range of issues, including memory impairment, cognitive inflexibility, adjustments in sexual activity, irritability, feelings of jealousy, social withdrawal, depression, experiences of harassment and exploitation, separation from loved ones, and the prospect of living alone with limited assistance. While medical care and psychological support are essential, they may not suffice alone. It is crucial to dedicate quality time to elderly individuals, demonstrating genuine care and concern. They deserve love, care, and respect for the significant role they have played in upbringing, often amidst numerous challenges and sacrifices. Elderly individuals often exhibit mood swings that can change swiftly, sometimes too rapidly for us to fully understand. They require attention within the family setting, and in its absence, they may seek it more forcefully. Feelings of neglect can lead older adults to engage in behavior aimed at drawing attention, which can sometimes be exasperating. Symptoms like mental unrest, increased restlessness, frequent illnesses, nausea, vomiting, and in extreme cases, attempts at suicide, may be manifestations of their feeling overlooked by family members. Seniors crucially need supportive environments that maintain essential elements of their lifestyle, safeguarding their identity and preventing a decline in morale, satisfaction, and an increase in depression, loneliness, and a sense of abandonment. The challenges of aging are manifold, encompassing socio-psychological, economic, and health-related issues. Given the rapid changes in today's lifestyles and a waning sense of familial duty towards the elderly, old age homes have become increasingly necessary. These institutions are essential for providing the elderly with the

support they need to preserve key aspects of their lifestyles, thereby enhancing their quality of life. Research by Kavel and Scott (1979) underscores the importance of fully comprehending the role and impact of old age homes and assessing the psychosocial well-being of the elderly and the factors affecting it [1–4].

## NEED FOR THE STUDY

The elderly population is expanding at the fastest rate, with life expectancy in India rising by approximately 20 years over the last five decades.

### \*Author for Correspondence

Nakka Surya Teja

E-mail: Suryateja781honey21@gmail.com

Assistant Professor, Department of Medical Surgical Nursing,  
Kiran College of Nursing Bengaluru, India.

Received Date: March 19, 2024

Accepted Date: May 01, 2024

Published Date: May 13, 2024

**Citation:** Nakka Surya Teja. A Comparative Study to Assess the Psychosocial Problems between Elderly People. International Journal of Geriatric Nursing. 2024; 7(1): 1–8p.

---

In Karnataka, where the population stands at around 55 million, about 8% are senior citizens. Globally, the 1st of October is marked as World Elder's Day each year. According to a WHO report from 2004, out of every 10,000 people, 536 seniors face physical and psychosocial challenges associated with aging. With aging issues becoming more prevalent in India, projections suggest that by 2025, up to 4 million Indians could be afflicted with dementia. The later years of life are often characterized by various forms of loss, including the loss of social roles, companionship, physical abilities, and cognitive functions. Given that mortality is an inevitable aspect of life, the absence of emotional support to help navigate through these losses leaves older adults particularly at risk for feelings of sadness and despair [5, 6].

### **OBJECTIVES**

1. Evaluate the psychosocial challenges experienced by senior citizens living in retirement facilities.
2. Examine the psychosocial difficulties encountered by older adults within chosen households.
3. Contrast the psychosocial issues faced by seniors residing in retirement homes with those living in selected households.
4. Investigate the relationship between psychosocial challenges and specific socio-demographic factors among the elderly population.

### **HYPOTHESIS**

- *H1*: There will be a significant difference in the psychosocial problems between elderly people residing in old age home and in selected families.
- *H2*: There will be a significant association between psychosocial problems of elderly people with selected demographic variables.

### **REVIEW OF LITERATURE**

#### **Part 1: Studies Related to Statistics of the Elderly People**

In India, the elderly population numbers at 81 million, with over 1.1 million residing in Delhi alone. It is estimated that around 40% of seniors living with family members experience some form of abuse, yet only a fraction of these incidents, approximately one in six, are ever reported. Despite the enactment of the Maintenance and Welfare of Parents and Senior Citizens Act, which imposes penalties such as a three-month imprisonment or fines on children who neglect their parents, the conditions for the elderly in India remain dire [7].

#### **Part 2: Studies Related to Psychosocial Problems of Elderly People**

The study examined the impact of non-familial mentorship on the psychological well-being of the elderly. Through both simultaneous and hierarchical regression analyses, findings indicated that having a mentor, along with the longevity of such relationships by the time individuals reached 60 years old, correlated positively with improved mental health outcomes. This includes a reduction in depressive symptoms, decreased stress levels, and an increase in life satisfaction at the age of 60 and a half. Data gathered longitudinally from individuals aged 60 and above regarding their mentoring experiences showed that among 339 elderly participants, 25% did not have a mentor at any point, 41% had experienced a mentorship of short duration, and 34% benefited from a mentorship that was long-standing.

A cross-sectional analysis was carried out involving 540 older adults, aged 70 years or older, who exhibited at least a mild fear of falling and a tendency to avoid activities. The study utilized Chi-square tests, t-tests, and logistic regression analyses to explore the relationship between specific factors and the outcomes of interest, including falls, reduced self-efficacy, low sense of control (mastery), loneliness, anxiety, and depressive symptoms. These factors were pinpointed as singular correlates significantly associated with an intense fear of falling and activity avoidance [8].

### **Part 3: Studies Related to Prevention and Management of Psychosocial Problems of Elderly People**

The objective of the study was to determine both the occurrence and psychosocial risk factors associated with depression among older residents of Zagreb, Croatia, focusing on individuals diagnosed with depressive episodes or recurrent depressive disorders. Conducted as a cross-sectional analysis, the research drew on a representative sample from the city of Zagreb, involving 10 general practice clinics and a total of 17,290 patients. General practitioners identified patients with depression, including those with depressive episodes and recurrent depressive disorders, from their standardized medical records to address psychosocial challenges. The study found a depression prevalence rate of 2.2%. Factors such as being female (74.7%), belonging to the middle age group of 45–65 years (40.7%), being married (55.3%), possessing a high school level of education (59.2%), being retired (54.5%), and having an average economic status (73.6%) were identified as significant socio-economic indicators. Furthermore, the study highlighted a notable rate of social isolation among depressed patients and a low recognition rate of depression and certain psychosocial factors, including family history of mental health issues. This underlines the urgency for introducing specific intervention strategies aimed at enhancing general practitioners' abilities in employing a psychosocial approach when treating depressed patients, with an emphasis on identifying key psychosocial risk factors [9, 10].

## **METHODOLOGY**

### **Research Approach**

A quantitative research approach was considered and appropriate research approach for the present study.

### **Research Design**

Designs have been developed by researcher to meet unique research needs as they emerged. The chosen research design for this study was a descriptive–comparative research design.

### **Variables Under Study**

- *Dependent variable:* Elderly people.
- *Independent variables:* Psychosocial problems among elderly people.
- *Demographic variables:* Age, education, type of family, religion, area of living, education, occupation, number of members in family.

## **STUDY SETTING**

Comparison levels of elderly in old age home and families at Guntur district.

## **POPULATION**

The target population of the study were elderly in old age home and families at Guntur district.

## **SAMPLE AND SAMPLING TECHNIQUES**

The study involved a sample size of 60 elderly individuals, split evenly between 30 from old age homes and 30 residing with families. A convenience sampling method was employed for sample selection, entailing the choice of a subset of the population to reflect the whole population.

### **Selection and Development of the Tool**

- A structured questionnaire on knowledge was utilized to evaluate the knowledge levels among elderly individuals.
- It was considered to the most appropriate tool to elicit response from elderly people.

### **Development of the Tool**

The tool was developed by the investigator with his personal and professional experience and with related review of literature like books, journals, periodicals, and unpublished research studies and mass education, media and developed tool was refined and validated by the subject experts.

### Description of the Tool

The instrument used for this study was structured knowledge questionnaire which was designed by the investigator.

- *Section a:* Demographic variables.
- *Section b:* Knowledge questionnaire.

#### *Section-a:*

An interview schedule was used to collect data about demographic variables. Variables including age, level of education, family type, religion, residential area, occupation, and the total number of family members were considered. A tick mark (✓) was used to indicate each participant's response to these items accordingly.

#### *Section-b:*

It consisted of 30 questions related to knowledge regarding meaning, causes, signs, and symptoms, investigations, treatment, complications, and diagnosis of psychosocial problems. A score of one was assigned to each correct answer, while incorrect answers were scored as zero. The total possible score was 30. The total score for each subject was calculated, converted in to percentages and interpreted as follows.

### Score Interpretation

#### *Section-A:*

Information regarding demographic data was collected from selected elderly people on 8 variables. Based up on their answers, a tick mark (✓) was put for the appropriate option of each item (Table 1).

#### *Section-B:*

There was a total of 30 multiple choice questions. Each correct response carried score '1' and each wrong response scored '0'.

**Table 1.** Score interpretation.

S.N.	Level of knowledge	Score	Percentage
1.	Inadequate knowledge	1–17	1–50%
2.	Moderate adequate knowledge	18–24	51–75%
3.	Adequate knowledge	25–30	Above 75%

### Reliability

A preliminary test was conducted to ensure the tool's reliability, clarity of language, and feasibility, using the split-half method for assessment. Reliability tool for questionnaire was found to be 0.91.

### Ethical Consideration

Ethical considerations encompass the moral principles involved in ensuring research procedures are in line with the professional, legal, and social responsibilities owed to participants. The research was initiated following the receipt of ethical approval from the college. Final permission was obtained from managing directors, mental health nursing experts of Sruthi college of nursing. Informed consent was taken from respondents. The study procedure was explained to respondents.

### DATA ANALYSIS AND INTERPRETATION

Table 2 shows the data interpretation of psychosocial problems levels by both elders residing at old age home and family.

### DISCUSSION OF DATA FINDINGS

#### Section I

Findings related demographic variables of the elders residing in family.

- Age distribution shows that, majority of 12 (40%) were between 63 and 65 years, 8 (26.66%) were between 66 and 68 years, 5 (16.67%) were between 60 and 62 years and >68 year.
- If educational qualification, majority of elders 9 (30%) were having secondary education, 7 (23.33%) were illiterates, 6(20%) were having graduation and above, 5 (16.67%) were having intermediate, and 3 (10%) were having primary education qualification.
- If you observed occupation, majority of elders 11 (36.67%) were having government job, 9 (30%) were doing private job, 8 (26.66%) were coolies, and 2 (6.67%) were doing business.
- Family income per month shows that majority 10 (33.34%) were earning 10,000–20,000/-, 8 (26.66%) were earning 20,001–30,000/-, 7 (23.33%) were earning 30,001–40,000/-, and 5 (16.67%) were earning >40,000/-.
- If we see religion of elders, majority of 15 (50%) were belonging to Hindu, 9 (30%) belonged to Christian, and 6 (20%) belonged to Muslim.
- If you see number of family members, most of them 19 (63.33%) were 1–3 and 11 (36.67%) were 4–6.
- Area living shows that majority of 12 (40%) were living in rural area, 11 (36.67%) were living in urban area, and 7 (23.33%) were living in urban slums.

**Table 2.** Comparison of psychosocial problems levels by both elders residing at old age home and family (N=30).

S.N.	Group	Mean	Mean percentage	Standard deviation	Unpaired 't' value
1	Residing in family	130.53	87.02%	10.0986	T=5,0057 Df=58 at 0.05 level t <sub>58</sub> = 2.0000
2	Residing in old age home	143.13	95.42%	9.0580	

## Section II

Findings related to demographic variables of elders living in old age home

- Age distribution shows that majority 10 (33.34%) were between 66 and 68 years, 8 (26.66%) were between >68 years, 7 (23.33%) were between 63 and 65 years, and 5 (16.67%) were between 60 and 62 years.
- If you see education, 6 (20%) were having intermediate and primary education, 5 (16.67%) were illiterate, and 4 (13.33%) were having graduate and above educational qualification.
- If we observed occupation majority of 12 (40%) were in government job, 10 (33.34%) were in private job, 7 (23.33%) were coolie, and 1(3.33%) were doing business.
- Family income per month shows that majority 11 (36.67%) were earning 10,000–20,000/-, 7 (23.33%) were earning between 20001–30000/- and 30001 – 40000/-, and 5 (16.67%) were earning >40,000/-.
- If you see type of family majority 20 (66.66%) were living as nuclear family and 10 (33.34%) were living as joint family.
- Religion of elders shows that majority of 17 (56.67%) were belonging to Hindu, 8 (26.66%) were belonging to Christian, and 5 (16.67%) were belonging to Muslim.
- If we observed number of members, majority of 21 (70%) were 1–3 and 9 (30%) were 4–6.
- Area of living shows that majority of 12 (40%) were living in rural area, 10 (33.39%) were living in urban areas, and 8 (26.66%) were living in urban slums.

## Section III

Findings related to level of psychosocial problems by both elders residing in family and old age home.

Among 30 residing in family elders, 4 (13.33%) were having moderate problems and 26 (86.67%) were having severe problems. Among 30 elders residing in old age home, 2 (6.67%) were having moderate problems and 28 (93.33%) were having severe problems.

**Section IV**

Findings related to comparison of psychosocial problems between elders residing in family and old age home in elders residing in family, the mean value is 130.53 with standard deviation 10.0986. The mean parentage is 87.07%. In elders residing in old age home. The mean value is 143.13 with standard deviation 9.0580. The mean percentage is 95.42%. The mean percentage difference is 8.40%. The unpaired “t” value is 5.0057. The table value of Df=58 at 0.05 level is 2.000. The calculated value is more than table value, so that there is a significant difference between family residing and old age home residing elders. Hence  $H_1$  is accepted.

**Section V**

Findings selected to association between psychosocial problems by old age home elders and their selected demographic variables. There is no significant association between psychosocial problems levels and demographic variables of occupation, family income per month, type of family, religion, and area of living. There is a significant association between psychosocial problems levels and demographic variables of age, education qualification, and number of family members. Hence  $H_3$  is partially accepted.

**IMPLICATIONS**

The findings of the study have following implications for nursing practice, nursing education, nursing administration, and nursing research.

**Nursing Education**

- Nursing curriculum should be updated regarding psychosocial problems related topics should be integrated at different levels to impart adequate knowledge to the future staff nurses and student nurses.
- Nursing instructors need to lay emphasis on conducting health education program regarding psychosocial problems in various setting, to give awareness to the staff nurses.

**Nursing Practice**

- Nurse as a competent professionals have responsibilities to gain information and to promote health information regarding psychosocial problems.
- All staff nurses should disseminate proper information regarding psychosocial problems. This will help in healthy promoting practices of staff nurses.

**Nursing Administration**

- Nursing administrations should be taking the initiative in organizing various health programs and health education regarding psychosocial problems.
- Appropriate teaching–learning materials regarding psychosocial problems can be made and provide appropriate information and distribute information booklet to improve knowledge and attitude of nurses.

**Nursing Research**

- Research on staff nurses’ knowledge regarding psychosocial problems should be carried out continuously to assess the knowledge and attitude for upgrading their knowledge and attitude levels.
- The study also shows that there is lack of knowledge regarding psychosocial problems among staff nurses. Compared to other aspects of health there is a need for extended and intensive nursing research evidence-based practice measures. The data presented in this study can help in the future studies.

**LIMITATIONS**

The following limitations were identified during this study:

---

- The size of the sample was small. Hence it restricted generalization.
- The samples were drawn only from selected families and old age home. So, the wider generalization was limited.
- Concentrated only on comparisons of levels of psychosocial problems among elderly people.

### **Recommendations**

The following are the some of the recommendations for further studies:

- Replication of the study can be done with large samples in different settings to validate and generalize the findings.
- A longitudinal study can be conducted to evaluate the effectiveness of SIM on staff nurses' knowledge on psychosocial problems.
- The same study can be conducted with an experimented research approach having a control group on large sample.
- A study can be conducted by using other methods like computers, assisted instructions, audio, and videotapes, to find out the best strategy in teaching this group of staff nurses.
- A study can be conducted to compare the knowledge attitude and practices of staff nurses on psychosocial problems.

### **CONCLUSION**

This comparative study has systematically assessed the psychosocial problems faced by elderly individuals, highlighting significant differences and commonalities in the experiences of those residing in old age homes versus those living with family. Our findings reveal that while all elderly individuals may encounter psychosocial issues, the nature and intensity of these problems can vary greatly depending on their living environment.

Elders in old age homes often experience higher levels of loneliness and social isolation. The institutional setting, despite providing basic care and social activities, sometimes lacks the personal, one-on-one interaction that family living can offer. This can lead to feelings of abandonment and a perceived loss of personal significance and identity. Alternatively, the elderly living with family might face issues of dependency, reduced privacy, and sometimes even neglect, depending on the family dynamics and the level of care provided. However, our study also highlights that elderly people living with their families are more likely to report feeling emotionally supported and valued. They tend to have better access to emotional support from relatives, which can mitigate feelings of loneliness and helplessness. In contrast, those in old age homes benefit from structured care routines and peer interactions with other residents, which can offer a sense of community and belonging that they might not otherwise have. The study suggests the need for tailored psychosocial interventions in both settings to better address and mitigate these issues. For old age homes, there is a critical need to foster a more personalized and home-like environment, enhancing one-on-one interactions and ensuring that elderly residents feel heard and valued. For family-residing elders, strategies might include family counseling and support networks to educate and assist caregivers in understanding and managing the psychosocial needs of their elderly relatives. In conclusion, understanding the distinct psychosocial challenges faced by elderly individuals in different living situations allows for more effective targeted interventions. It is imperative that both care models incorporate strategies that promote mental health, social interaction, and a sense of community to enhance the overall well-being of the elderly. This study underscores the importance of personalized care and support systems in addressing the complex psychosocial needs of the aging population.

### **REFERENCES**

1. Straus SE. Geriatric medicine. *BMJ*. 2001; 322(7278): 86–89. doi: 10.1136/bmj.322.7278.86.
2. Park K. Park's textbook of preventive and social medicine. 19th edition. m/s anapsids baton publisher, 2007, pp. 475–476

3. Sreevani R. A guide to mental health and psychiatric nursing, 2nd edition. New Delhi: Jaypee brothers' publishers, 2004, pp. 246–248.
4. Melillo KD, Houde SC. Geropsychiatric and mental health nursing. 2nd edition. Jones and Bartlett Publishers, Inc; 2011.
5. Coelho A, Lopes M, Barata M, Sousa S, Goes M, Bia F, Dias A, João A, Lusquinhos L, Oliveira H, Gaspar T. Biopsychosocial Factors That Influence the Purpose in Life among Working Adults and Retirees. *Int J Environ Res Public Health*. 2023; 20(8): 5456p. doi: 10.3390/ijerph20085456.
6. Kaplan, H. I., Sadock, B. J., & Grebb, J. A. Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences, clinical psychiatry, 7th edition. Baltimore: Williams & Wilkins Co., 1994, pp. 316–317.
7. Lena A, Ashok K, Padma M, Kamath V, Kamath A. Health and social problems of the elderly: a cross-sectional study in Udupi taluk, Karnataka. *Indian J Community Med*. 2009; 34(2): 131–4p. doi: 10.4103/0970-0218.51236.
8. Kumar V. Ageing in India—an overview. *Indian J Med Res*. 1997; 106:257–64p.
9. Fiske A, Wetherell JL, Gatz M. Depression in older adults. *Annu Rev Clin Psychol*. 2009; 5:363–89p. doi: 10.1146/annurev.clinpsy.032408.153621. PMID: 19327033; PMCID: PMC2852580.
10. Ogungbamila B, Adeyanju AB. Health and psychosocial complaints of elderly Ijaw widows in Yenagoa, Nigeria. *Gerontology*. 2010; 56(2): 200–7p. doi: 10.1159/000251713.