Original Research Paper

Psychology

QUALITY OF LIFE AND RESILIENCE OF INSTITUTIONALIZED SENIOR CITIZENS

J.jerus Albert Britto	Lecturer of Psychology, Government Arts College, Coimbatore- 18
Sharon John*	PhD Research scholar , Sri Ramakrishna College of Arts and Science, Coimbatore. *Corresponding Author
Dr.B.Selvaraj	Associate Professor and Head, Department of Psychology, Government Arts College,Coimbatore.

ABSTRACT The very concept of an old age home is new to India. An old age home is usually the place, a home for the old people who have no one to look after them or those who have been thrown out of their homes by their children. The place is of course like home where the inmates get all the facility for their routine living like food clothing and shelter (Owen,2000).. The major scope of the study was to carried out to investigate the quality of life and resilience of institutionalised women inmates because of the rapid growth in the institutions. The tools used to were personal data sheet was used to collect the relevant data and background details of the selected samples like their gender, marital status, qualification , and social background, Quality of life scale was used to assess the level of quality of life of the sample, The scale consist of 29 statements which have responded with rating scale method, the level of resilience of the sample was measured using resilience scale, the scale consist of 14 statements which have positive and negative items and interpreted as low, average and high. Percentage analysis, Correlation and t test were used to analyze the results.

KEYWORDS : Institutionalised elderly, Quality of life, Resilience.

INTRODUCTION

The term elderly was apparently coined in 1938 and senior citizen is replacing the term Old age. The contrast to the chronological milestones which mark life stages in the developed world.. Old age in many developing countries in seen to begin at the point when active contribution is no longer possible (Gorman, 2000). Most developed world countries have accepted the chronological oldage 65 years as a definition of elderly or Older person.

QUALITY OF LIFE

Quality of life (QOL) is an overarching term for the quality of the various domains in human life. It is an expected standard level that consists of the expectations of an individual or society for a good life. These expectations are guided by the values, goals and socio-cultural context in which an individual lives. QOL is a subjective, multidimensional concept that defines a standard level for emotional, physical, material and social well-being.[citation needed It serves as a reference against which an individual or society can measure the different domains of a personal life. The extent to which one's own life coincides with a desired standard level - or, put differently, the degree to which these domains give satisfaction and as such contribute to one's subjective well-being

RESILIENCE

Psychological resilience is the ability to mentally or emotionally cope with a crisis or to return to pre-crisis status quickly. Resilience exists when the person uses "mental processes and behaviours in promoting personal assets and protecting self from the potential negative effects of stressors''. In simpler terms, psychological resilience exists in people who develop psychological and behavioural capabilities that allow them to remain calm during crises/chaos and to move on from the incident without long-term negative consequences.

METHODS
OBJECTIVES

*   To assess the level of quality of life of institutionalized senior citizens
*   To assess the level of resilience of institutionalized senior citizens
*   To identify the gender difference in the levels of quality of

life and resilience of institutionalised senior citizen
*   To find out the relationship between quality of life and resilience of institutionalised senior citizen

HYPOTHESES:

1. The level of quality of life of the institutionalised senior citizens will be low
2. The level of resilience of the institutionalised senior citizen will be low
3. There will be a statistical significant positive relationship between quality of life and resilience in the sample.
4. There will be a statistical significant gender differences in the levels of quality of life and resilience of the sample.

SAMPLE

From two old age homes namely, Jacob Care Centre and Missionaries of charity (Mother Teresa Home) in Coimbatore was taken for the research. 60 Inmates were selected for the research by using purposive sampling technique (30 male and 30 female). Purposive sampling method if the technique in which the individual units are selected by some purposive method. Most of them are (50%) are from low socio economic background, (45%) are from middle socio economic status and (5%) are from low socio economic status .

TOOLS

Personal data sheet was used to collect the relevant background details of the selected sample. Eros quality of life inventory was used to assess the level of quality of life of the sample. This scale consist of 29 statements which have to responded with 6 alternatives namely- Strongly disagree to strongly agree. The total scores are summed and interpreted using the norms. The level of resilience of the sample was measured using resilience scale by Dr.Jacob. The scale consist of 40 statements which have positive and negative items and interpreted as low, average, and high according to the norms

PROCEDURE

Initially permission was obtained from the authorities of the homes and the researcher made rapport among the samples of the inmates. The personal data sheet was given to each of the inmates followed by the Who quality of life inventory and Resilience scale. The researcher dictated the each statement

to the sample and their responses were recorded carefully. Their scores were recorded as per the norms and were interpreted. Out of 60 samples (30 male and 30 female) whose responses to both the questionnaire were completed were selected as the sample. The results are tabulated and taken for further discussion

EXPERIMENTAL DESIGN
A Single group pre test design was used in this study

ANALYSIS OF THE DATA
The tabulated results were statistically analyzed using percentage analysis , Correlation and t-Test

RESULTS AND DICUSSION
Table No- 1 LEVEL OF QUALITY OF LIFE OF THE SAMPLE (N=60)

LEVEL OF QUALITY OF LIFE	NUMBER	PERCENTAGE
Very high	02	4%
High	12	20%
Moderate	45	75%
Low	01	1%
Very low	-	-

Percentages are rounded off)

It is displeasing that none of the sample is very high or high category. They seem to be highly traumatic and in low mood and greatly disturbed. They often feel confused and forgetful. It is observed from the table that most of the sample (75%) is moderate in quality of life, some of them have acute physical problems and also have inner tension, reduced sleep, reduced appetite and concentration difficulties. Hence the Hypothesis "The level of quality of life of the institutionalised senior citizen will be low" is Retained

TABLE – II LEVEL OF QUALITY OF LIFE OF THE MALE AND FEMALE SAMPLE (N=60)

Level of Quality of life	Male – 30		Female = 30	
	Number	Percentage	Number	Percentage
Very high	02	6%	-	-
High	07	24%	05	16%
Moderate	21	70%	24	80%
Low	-	-	1	4%
Very low	-	-	-	-

(Percentages are rounded off)

It is observed from the table that more percentage of female sample (80%) are moderate in quality of life, among the male sample (70%) and (24%) of male sample are moderate and high in quality of living and (16%) of the female sample are high in QOL, (6%) of the male sample are high in QOL. It is observed that none of the male and female sample is moderate in the level of QOL. There is no difference between the male and female sample

TABLE – III MEAN DIFFERENCE IN QUALITY OF LIFE OF THE MALE AND FEMALE SAMPLE

GENDER	MEAN QUALITY OF LIFE	STANDARD DEVIATION	t VALUE
MALE	3.18	0.46	0.12
FEMALE	3.36	0.41	

It is observed that the mean quality of life in male is 3.18 and the standard deviation is 0.46, and the mean quality of life in female is 3.36 and the standard deviation is 0.41, the t value is 0.12. The experience of quality of life in both the genders is more or less the same. There is no statistical significant

difference in mean quality of life between quality of life between male and female sample. Thus, the hypothesis stating "There will be a statistical significant gender difference in the level of quality of life of the sample" is Rejected

TABLE IV LEVEL OF RESILIENCE OF THE SAMPLE (N=60)

LEVEL OF RESILIENCE	NUMBER	PERCENTAGE
Very high resilience	1	2%
High resilience	05	08%
Average resilience	04	06%
Below average	17	29%
Very low resilience	27	45%
Vulnerable	06	10%

Percentages are rounded off

It is observed from the table that (45%) of the total sample have very low resilience, (29%) of the sample have below average optimism. Hence the Hypothesis stating "The level of resilience of institutionalised senior citizen will be low" is rejected (10%) of the sample is vulnerable, because they don't care about themselves or have self denial. They also seem to lack positive emotion and always feel that life is not satisfied or fulfilled. (8%) of the sample is highly resilience and (2%) are very high in Psychological resilience . They seem to enjoy life happily and feel contended and experience a ray of hope in their lives even at this stage of life as compared to their counterparts who have negative thoughts about their life.

TABLE – V LEVEL OF RESILIENCEOF THE MALE AND FEMALE SAMPLE (N=60)

Level of Resilience	Male – 30		Female = 30	
	Number	Percentage	Number	Percentage
Very high resilience	-	-	01	03%
High resilience	02	07%	03	10%
Average resilience	02	07%	02	07%
Below average	10	33%	07	24%
Very low resilience	12	40%	15	50%
Vulnerable	04	13%	02	06%

It is observed from the table that (50%) of the female sample are very low in resilience compared to the male sample (40%). vulnerable is seen in (13%) of the males as compared to (6%) female sample. Both the genders experience negative thoughts and feel very bad about their life experience and still worry about it. They do not seem to enjoy the rest of the lives. Below average resilience is found in (33%) of the male sample compared to the (24%) female sample. (10%) of the female sample have high resilience where none of the male sample falls in high resilience category. (3%) of the female sample are very high resilience , where none of the male samples are very high resilience.

TABLE- VI MEAN DIFFERENCE IN RESILIENCEOF THE MALE AND FEMALE SAMPLE

GENDER	MEAN RESILIENCE	STANDARD DEVIATION	t VALUE
MALE	117.1	15.5	0.05
FEMALE	128.4	25.2	

It is observed that the mean resilience of the male sample is

117.1 and the standard deviation is 15.5, the mean resilience in female sample is 128.4 and the standard deviation is 25.2 and the t value is 0.05. This reveals that the level of resilience between male and female sample is not statistically significant. Therefore the hypothesis stating " There will be a statistical gender difference in the level of resilience of the sample" is rejected .

TABLE- VII CORREALTION BETWEEN QUALITY OF LIFE AND RESILIENCEOF THE SAMPLE

VARIABLES	MEAN	STANDARD DEVIATION	r- VALUE
QUALITY OF LIFE	3.27	0.44	0.10
RESILIENCE	122.7	21.5	

The mean quality of life of the sample is 3.27 and that of resilience is 122.7. The calculated r value is 0.10, indicating a weak positive correlation between the two variables. Though , the correlation between quality of life and resilience is positive, it is not statistically significant and hence the hypothesis stating " There will be a statistical positive relationship between quality of life and resilience of the sample" is Rejected.

CONCLUSION
- Majority of the sample (75%) are moderate in quality of life
- (80%) of the female sample and (70%) of the male sample fall in the category of moderate in the quality of life
- The mean quality of life and the standard deviation of the male sample are 3.18 and 0.46 respectively. The mean quality of life and the standard deviation of the female sample are 3.36 and 0.41 respectively and the t value is 0.12
- Majority of the sample (45%) of the sample come under very low resilience category and (29%) of the samples come under below average level. (10%) of the total sample comes under vulnerable category
- (50%) of the female sample and (40%) of the male sample come in the category of very low resilience
- The mean resilience and the standard deviation of the male sample are 117.1 and 15.5 respectively. The mean resilience and standard deviation of the female sample are 128.4 and 25.2 respectively and the t value is 0.05
- The mean quality of life and the standard deviation of the total sample are 3.27 and 0.44 and the mean resilience and standard deviation of the total sample are 122.7 and 21.5 respectively
- The correlation between the variables quality of life and resilience is 0.10 indicating a weak positive correlation

LIMITATIONS OF THE STUDY
- The results of this study cannot be generalized as the sample have been selected only from the selected old age homes in Coimbatore. Large and varied sample could have been included
- The samples have been selected only from old age homes. Those living with their family have been left out. Hence the results could not been compared and generalised
- Only descriptive study was carried out. Intervention program could have been given to the sample

REFERENCES
1. Archana Singh and Nishi Misra. (2009). Resilience , Depression and Sociability in old age. Industrial Psychiatry Journal. Jan-Jun; 18(1): 51–55. www.ncbi.nlm.nih.gov/pmc/articles/PMC3016701
2. Kraaj, V., Arensman, E. and Spinhoven, P. (2000). Negative Life Events and quality of life in Elderly Persons. The Gerontological Society of America. http://www.biomedcentral.com/1471-244X/7/57/prepub
3. Bagulho F. (2001). Quality of life in older people. Journal of Gerontological Nursing. Sep; 65: 131-138.
4. Nalini. M. (2006). A study on the prevalence of resilience among institutionalized elderly and the effect of horticulture therapy in selected old age homes in Mangalore. Unpublished M.Sc. Psychiatric Nursing Manuscript. Nitte Usha Institute of Nursing Sciences. Deralakatte, Mangalore – 574 160.
5. Mian-Yoon Chong, Hin-Yeung Tsang, Cheng-Shen Chen, and Tze-Chun Tang. (2001). Community study of quality of life in old age in Taiwan- Prevalence, life events and socio-demographic correlates. Psychiatry. 178: 29-35 doi: 10.1192/bjp.178.1.29.