Original Research Paper

Mental Health Nursing



AN EXPERIMENTAL STUDY ON THE EFFECT OF YOGA AS A COMPLEMENTARY THERAPY AMONG ELDER ADULTS (60-80 YEARS) SUFFERING FROM DEPRESSION IN A SELECTED OLD AGE HOME IN CHHATTISGARH.

Ms. Geeta Sahu

Lecturer

ABSTRACT This study was undertaken on the effect of yoga as a complementary therapy among elder adults (60-80 years) suffering from depression in a selected old age home in Chhattisgarh. The objectives of the study were to assess the level of depression and the effect of yoga on the reduction of depression levels among elder adults in selected old age homes. The sample size was 50 and the study was carried out at a selected old age home. A purposive sample technique was used, an experimental research design, and one group pre-test and post-test research approach were used by the investigator. The data collection tool consisted of demographic variables and Geriatric Depression Scale (GDS) questionnaires regarding Depression. Investigator found that the result was. In the Pre-Test out of the 50 samples 07(14%) had Normal 17(534%) had mild, 26(52%) had severe depression, and in the Post-Test out of the 50 samples 27(54%) had normal, 19(38%) mild whereas 04(08%) had severe depression. Hence the study was found fair enough after applying yoga techniques and yoga plays a vital role in any elderly suffering from depression.

KEYWORDS : Yoga, Depression, Elder adult, Old age home.

INTRODUCTION:

Depression is the most common psychiatric disorder among the elder and although India is the second most popular county in the world in terms of elderly population > 60 years of age, Depression in the elderly is not yet perceived as an important health problem in the country. Old people often have limited regenerative abilities and are more susceptible to disease, syndromes, injuries, and sickness than younger adults and Old age homes have taken up the traditional role of family for the securing of elderly people. Studies have proved that the prevalence rate of depression was high among elderly older people in residential aged care who are at elevated risk of depression. YOGA has been implemented to reduce depression and improve emotional wellbeing.

OBJECTIVES OF STUDY

- To assess the level of depression among elder adults in selected old age home.
- To assess the effectiveness of the effect of yoga on the reduction of depression levels among elder adults in selected old age home.
- To find out the association with the selected demographic variables.

HYPOTHESIS:-

H0- There will be no significance between yoga and depression among elder adults in old age home.

HI-There will be a significant change in depression levels due to yoga among elder adults in old age home.

H2- There will only be a significant association between yoga and depression among elder adults with demographic variables.

Delimitation:-

- Elder those contraindicated for physical movement.
- Elder those are not below 60 years and not more than 80 years.

Development And Description Of The Tool

The investigator developed the tool after updating knowledge by reviewing relevant literature on depression in elder adults who staying in old age home.

In this study, structured depression questionnaires were prepared by the investigator to assess depression in elder adults and to practice yoga for those who suffer from depression in old age home.

A structured questionnaire regarding depression was used to

20 ★ GJRA - GLOBAL JOURNAL FOR RESEARCH ANALYSIS

get a number of depressed elder adults. The tool consists of 2 sections they are the followings:

Section I: Demographical data

Section II: Geriatric Depression Scale (GDS) questionnaires regarding depression.

Scoring; A score of 'l' was given for each correct answer and a score of '0' was given for every wrong answer. The total score was 30. No negative scoring was done Maximum possible score-30 Minimum possible score-0

Scoring Key

Table I: Geriatric Depression Scale (GDS) Scoring Key, Scores are categorized into 3 levels

Grade	Score	
Normal	0-9	
Mild depression	10-19	
Severe depression	20-30	٦

Organization Of Study Findings:-

To begin with, data was entered into a master sheet, for tabulation and statistical processing. The findings were presented under the following headings.

SECTION I: Frequency and percentage distribution of Demographic variables.

SECTION II: Deals with the comparison of Pre-Test and Post-Test depression levels of elder adults.

SECTION III: Association between Pre-Test depression levels with selected demographic variable.

Section-1

Table-1 Frequency and percentage distribution of Demographic variables.

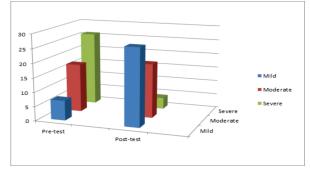
S.No	Demographic variable	Frequency (Total	Percentage
		in number-50)	(100)
1.	Age in year		
1.1	60-70 years	34	68
1.2	70-80 year	16	32
2.	Gender		
2.1	Male	18	36
2.2	Female	32	64
3.	Religion		
3.1	Hindu	40	80
3.2	Muslim	03	06
3.3	Christian	02	04
3.4	Other	05	10

			VOLUME - 1	1, ISS	UE - 08, AU	JGU	ST - :	2022	• PRII	NT I	SSN I	No. 22	77 - 816	0 • DOI : 1	10.36106	6/gjra
4.	Types of family				3) Religi	ion										
4.1	Nuclear	20	40		Hindu	40	80	5	12.	10	25	25	62.5	2.5397	12.59	N.S
4.2	Joint	25	50						5							
4.3	Extended	05	10		Muslim	3	16	1	33.	1	33.	1	33.33			
5.	Marital status					Ĩ		-	33	-	33	-	00.00			
5.1	Married	20	40		Christia	3	6	1	33.	1	33.	1	33.33			
5.2	Unmarried	20	40		n	ľ	Ŭ	1	33	-	33	1	00.00			
5.3	Widow /widower	10	20			4	8	1	25	1	25	2	50			
5.4	Separated	8	8		4) Types	-		ilv	20	-	20	4	00]	I	
6.	Educational history				Nuclear				10	8	40	10	50	3.0208	9 4 9	N.S
6.1	Illiterate	20	40		Toint				-	6	40 24	7	28	0.0200	0.40	11.5
6.2	Primary	20	40		,		50		8	-		-				·
6.3	Secondary	10	20			5	10	1	20	2	40	2	40			
6.4	Higher Secondary	8	8		ed 5) Marit	<u> </u>										
7	Occupational History						τατυ 60	· · · ·	13.	6	20	20	00.00	2.4757	10.50	NC
7.1	Retired	08	16		d	30	60	4	13. 33	б	20	20	00.00	2.4/5/	12.59	G.N
7.2	Housewife	32	64		u Unmarr	0	6	1	33.	1	33.	1	33.33			ŀ
7.3	Self employee	10	20		ied	3	0	1	33. 33	1	33. 33	1	33.33			
8.	knowledge about depression.					9	18	1	11.	2	22.	6	66.66			
8.1	Yes	22	44		WIGOW	3	10	1	11.	2	22. 22	0	00.00			
8.2	No	28	56		Separa	8	16	1	12.	3	37.	4	50			
9	Leisure time				ted	0	10	1	5	0	5	T	00			
9.1	Chanting hymns	14	35			Tot	al	Mil	-	M	-	Sev	ere	Calcul	Table	Infe
9.2	Playing	13	32.5		aphic	100	ai	1,111	a	ate		Dev	cic	ated	Value	
9.3	Exercise	08	20		Variabl	F	%	F	%	F	%	F	%	Value	Value	1011.
9.4	Reading	03	7.5		es	1	/0	1	/0	-	/0	-	/0			
10	Living area				6) Educ	atic	onαl	his	torv	I	1	1		1	1	1
10.1	Rural	36	72		Illiterat				10	6	30	12	60	2.2869	12.59	N.S
10.2	Urban	14	28		e					-						

Section-2

Table 2 Deals with the comparison of Pre-Test and Post-Test depression levels of elder adults.

Sl no	Level of Depression	Pre-test		Post-test		
		F	%	F	%	
1	Mild	07	14	27	54	
2	Moderate	17	34	19	38	
3	Severe	26	52	04	08	



Section 3

Table 3- Association between Pre-Test depression level with selected demographic variable

Demogr	Toto	αl	Nori	nαl	Mil	d	Sev	ere	Calcul	Table	Infe
	F	%	F	%	F	%	F	%	ated	Value	ren
Variabl									Value		ce.
es											
1) Age o	of mo	othe	r								
60-70	34	68	8	23.	12	35.	14	41.	0.0569	5.99	N.S
year				52		29		17			.
70-80	16	32	4	25	6	37.	6	37.	1		
year						5		5			
2) Gend	ler										
Male	18	36	3	16.	7	38.	8	44.	0.2667	5.99	N.S
				66		88		44			
Female	32	64	6	18.	10	31.	16	50			
				75		25					

3) Religi			30.22	2 111					• DOI :		/ 3)
Hindu	40	80	5	12.	10	25	25	62.5	2.5397	12.59	NS
				5					2.0007	12.00	
Muslim	3	16	1	33. 33	1	33. 33	1	33.33			
Christia n	3	6	1	33. 33	1	33. 33	1	33.33			
Others	4	8	1	25	1	25	2	50			
4) Types	of	fαm	ily		1			1		1	
Nuclear	20	40	2	10	8	40	10	50	3.0208	9.49	N.S
Joint	25	50	2	8	6	24	7	28			
Extend ed	5	10	1	20	2	40	2	40			
5) Marit		tatu	IS				1				
Marrie d	30	60	4	13. 33	6	20	20	66.66	2.4757	12.59	N.S
Unmarr ied	3	6	1	33. 33	1	33. 33	1	33.33			
Widow	9	18	1	11. 11	2	22. 22	6	66.66			
Separa ted	8	16	1	12. 5	3	37. 5	4	50			
Dmogr	Tot	αl	Mil		M	oder	Sev	ere	Calcul	Table	Infe
aphic					αte	e			ated	Value	ren.
Variabl es	F	%	F	%	F	%	F	%	Value		
6) Educ	atic	nαl	his	tory							
Illiterat e	20	40	2	10	6	30	12	60	2.2869	12.59	N.S
Primary	20	40	1	5	5	25	14	70			
Second ary	7	14	1	14. 28	2	28. 57	4	57.14			
Higher	3	6	1	33. 33	1	33. 33	1	33.33			
7) Occu	pat	ion	al hi		7			-		1	
Retired		16	1	2.8	2	25	5	62.5	1.373	9.49	N.S
Housew ife	32	64	3	9.3 7	5	15. 62	24	75			•
Self employ ee	10	20	2	20	2	20	6	60			
8) Have											
Yes	22	44	4	18. 18	8	36. 36	10	45.45	0.163	5.99	N.S
No	28	56	4	14. 28	10	35. 71	14	50			
9)Leisur	_		-								
Chanti ng hymns	39	78	9	23. 07	10	25. 64	20	51.28	1.0395	12.59	N.S
Playing	5	10	1	20	2	40	2	40			
Exercis e	3	6	1	33. 33	1	33. 33	1	33.33			
e Readin g	3	6	1	33. 33	1	33. 33	1	33.33			
-				00		00					
10) Livin	-	r	-								
Rural	36	72		22. 22	12	33. 33	16		0.5752	5.99	N.S
Urban	14	28	2	14. 28	6	42. 85	6	42.85			

DISCUSSION;-

The first objective was to assess the level of depression among elder adults in selected old age home in Chhattisgarh

The above table 1 section 1 describes the frequency and percentage distribution of the effect of yoga on the reduction of

VOLUME - 11, ISSUE - 08, AUGUST - 2022 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

depression level among elder adults in selected old age home.

The depression assessment was done the using Geriatric Depression Scale (GDS). 07 (14%) were found to be mild and 17(34%) were found to be moderate where as 26(52%) were having severe depression.

The second objective was To assess the effectiveness of the effect of yoga on the reduction of depression levels among elder adults in selected old age homes.

The above table 2 section 2 shows the finding of the reduction of Depression in elder adults by Yoga as a complementary therapy.

For the evaluation of the effectiveness "t" test was done on pretest and post-test depression scores. The calculated "t" value is 26.53 while the table value is 2.479 at the significant label 0.01.

The third objective was to find out the association of depression with demographic variables.

The above table 3 section 3 represents the chi-square value computed for an association of pretest depression among elder adults.

After the chi-square test demographic variables like Gender (x square value = 0.2667, df = 2) found to be significant. The calculated value is 0.2667 whereas the table value is 5.99

Major Findings Of The Study:-

(1) In the Pre-Test out of the 50 samples 07(14%) had Normal 17(534%) had mild, and 26(52%) had severe depression.

(2) In the Post-Test out of the 50 samples 27(54%) had normal, 19(38%) mild whereas 04(08%) had severe depression.

(3)There was a significant change in the level of depression after receiving the Yoga therapy. It shows that Yoga as a complementary therapy is effective in case of depression reduction. Hence the H1 was accepted.

Implications Of The Study:-

The findings of this study have implications for nursing practice, nursing education, nursing administrations, and nursing research.

(i)Nursing Practice:-

The focus of health professionals is directed toward primary caregiving. Nurses working in the teaching and clinical line play a little role in spreading health awareness.

- The nursing personnel during her health education can impart knowledge about depression management through complementary therapy.
- Implementation of continuous Yoga programs in the respective area can beneficial for elderly people.
- Psychiatric nurses as resource persons working in the hospital and community setting should import education by conducting a meeting or health education on depression management in old age home.

(ii) Nursing Education:-

Education is a key component in improving the knowledge of an individual. Education in nursing has a vital role to play because the students who are learners today are going to deal with tomorrow's patients.

In nursing education, depression is also included in the curriculum that can help nursing personnel for improving knowledge regarding the impact of depression on family, society, community, and health such as physiological, and psychological. It is helping in improving the awareness of the people and students also. Community awareness education programs should be available for community women; they can update their knowledge and educate the community accordingly.

(iii) Nursing Administration:-

Continuing education is a lifelong process that enables the learners to keep abreast of changes and development in his/her field of specialty. The nursing administrator is the key person in planning, scheduling, and conducting in-service education programs for nursing personnel.

- The nurse administrators have a very important role to identify and provide the needed knowledge in community settings. An update and spreading policy should be made to provide health education, mass education & nursing knowledge about depression and Yoga.
- The nurse administrator should formulate policies, protocols, guidelines, and systems of care in collaboration with the multi-disciplinary team. Nurse administrator ensures professionals practice with evidence-based research which is clinically effective.
- Nurse administrators should facilitate having several books and journals in the library related to depression and yoga therapy.

(iv) Nursing Research:-

Research can help increase the body of nursing knowledge, which improves the care provided. A profession seeking to improve the quality of its professional status would strive for continuous development of its body of knowledge. Research is the background for evidenced based practice.

- Research studies can be conducted to rule out the various misconceptions about people having depression among elder adults.
- Nursing research will help to know the nurse's role in developing knowledge about depression management and Yoga.
- The findings of the present study serve as the basis for professionals and students to conduct further studies.
- The study helped the investigator to develop insight regarding yoga as a complementary therapy for depression management

Limitation:-

- Limited to one selected old age home.
- Study limited to elder adults (60-80 years)
- A period of 4-5 weeks.
- Limited to sample size of 50.

Recommendation:-

Based on the findings of the study, the following recommendations are offered for further research.

- 1. This study can be replicated on a large sample thereby findings can be generalized.
- 2. A similar study can be carried out by using other teaching strategies e.g. instructional modules, and information booklet-based learning.
- 3. A similar study can be done including the practice of students in different centers/institute
- 4. A similar study can be conducted in a different setting and with different target populations.
- 5. A similar study will be conducted in different settings and populations.
- 6. A similar study will be conducted on men working in a different area.

REFERENCES:-

- Schuch, FB; Vancampfort, D; Firth, J; Rosenbaum, S; Ward, PB; Silva, ES; Hallgren, M; Ponce De Leon, A; Dunn, AL; Deslandes, AC; Fleck, MP; Carvalho, AF; Stubbs, B (1 July 2018). "Physical Activity and Incident Depression: A Meta-Analysis of Prospective Cohort Studies". The American Journal of Psychiatry. 175(7): 631–648.
- Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). American Psychiatric Association. 2013.
- Pillemer, Karl; Suitor, J. Jill; Pardo, Seth; Henderson Jr, Charles (2010). "Mothers' Differentiation and Depressive Symptoms Among elder Adult ". Journal of Marriage and Family. 72 (2): 333–345.

- 4. Schmidt, Peter (2005). "Mood, Depression, and Reproductive Hormones in the Menopausal Transition". The American Journal of Medicine. 118 Suppl 12B (12): 54-8.
- Rashid, T.; Heider, I. (2008). "Life Events and Depression" (PDF). Annals of 5. Punjab Medical College. 2(1). Retrieved 15 October 2012.
- Mata, D. A.; Ramos, M. A.; Bansal, N; Khan, R; Guille, C; Di Angelantonio, E; 6. Sen, S (2015). "Prevalence of Depression and Depressive Symptoms Among Resident Physicians: A Systematic Review and Meta-analysis". JAMA. 314 (22): 2373-2383.
- 7 Davey, C. G.; Yücel, M; Allen, N. B. (2008). "The emergence of depression in elderly people: Development of the prefrontal cortex and the representation of reward". Neuroscience & Biobehavioral Reviews. 32(1): 1–19.
- Jeronimus; et al. (2016). "Neuroticism's prospective association with mental 8. disorders: A meta-analysis on 59 longitudinal/prospective studies with 443
- 313 participants". Psychological Medicine. 46 (14): 2883–2906. Kotov; et al. (2010). "Linking "big" personality traits to anxiety, depressive, and substance use disorders: a meta-analysis". Psychological Bulletin. 136 (5): 9. 768-821.
- 10.
- "Signs and Symptoms of Mild, Moderate, and Severe Depression" 2017-03-27. Plöderl, M; Tremblay, P (2015). "Mental health of sexual minorities. A 11. systematic review". International Review of Psychiatry (Abingdon, England). 27(5):367-85.
- 12. Rogers, Donald; Pies, Ronald (9 January 2017). "General Medical Drugs Associated with Depression". Psychiatry (Edgmont). 5 (12): 28-41.
- 13. Botts, S; Ryan, M. Drug-Induced Diseases Section IV: Drug-Induced Psychiatric Diseases Chapter 18: Depression. pp. 1–23.
- 14. American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders, fifth edition. Arlington, VA: American Psychiatric Association.
- Murray ED, Buttner N, Price BH. (2012) Depression and Psychosis in Neurological Practice. In: Neurology in Clinical Practice, 6th Edition. Bradley WG, Daroff RB, Fenichel GM, Jankovic J (eds.) Butterworth Heinemann. 12 15 April 2012.
- 16 Saravane, D; Feve, B; Frances, Y; Corruble, E; Lancon, C; Chanson, P; Maison, P. Terra, IL; et al. (2009). "Drawing up guidels" a function of patients of physical health of patients with severe mental illness". L'Encéphale. 35 (4): 330–9.
- Rustad, JK; Musselman, DL; Nemeroff, CB (2011). "The relationship of 17. depression and diabetes: Pathophysiological and treatment implications". Psychoneuroendocrinology. 36 (9): 1276–86. 18. Li, M; Fitzgerald, P; Rodin, G (2012). "Evidence-based treatment of depression
- in patients with cancer". Journal of Clinical Oncology. 30 (11): 1187-96.