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Research Paper Psychology

Psychological Well-being: A study of the institutionalized aged

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ABSTRACT

The purpose of the present study was to investigate the impact of institutionalization of the aged on Psychological Well-being. The sample for the study of 180 Institutionalized aged from Ahmadabad city. Institutionalized ageds were selected from various old-age homes in Ahmadabad. Personal data sheet, Rotter (1966) Locus of control Scale, Templer (1970) Death anxiety Scale and Bhogle and Prakash (1995), Psychological Well-being scale were used to collect the required data. Locus of control, Death anxiety, sex, age, Education, Marital Status, Social network and Proportion of activity were considered as Predictor variables and Psychological Well-being as dependent variables. Accordingly, multiple regression was carried out to test the hypothesis. Results the predictor variables which were successful in predicting the psychological well-being of the institutionalized aged can be arranged in a hierarchy. First is the Locus of Control, followed by Proportion of Activity, Death Anxiety, Social Network, Education, and Marital Status, in that order. The predictor variables which were not successful in predicting the psychological well-being is Sex and Age of the institutionalized aged can be arranged in a hierarchy.

Keywords :

Introduction:
The changing demographic profile of India highlights a rapid increase in the ageds' population. Due to increased life expectancy and better living condition, the population of old people is rising day by day. Primarily as consequence of a rapidly increasing proportion of the aged in the human population the study of aging is rapidly developing. The objectives of modern research on aging are to make life in the last stages of human existence pleasant and livable (Douglas, 1980).

The process of industrialization, urbanization and modernization is ushering changes in value system and traditional family system. With decline of family solidarity various institutions have come up to take care of aged. Generally in India negative factors tend to predominate the decision to enter an old age home, while gerontology has its objective a "Livelier Longevity", the question arises, what is the effect of old age homes on the well-being of the elderly.

Psychological well-being indicates physical and mental wellness. Sinha (1990) has stated that psychological well-being is difficult to define. It has been taken to consist of discomfort or desirability and from any disturbance of mental functions. It is a somewhat malleable concept which has to do with people's feelings about everyday life activities. Such feelings may range from negative mental states or psychological strains such as anxiety, depression, frustration, emotional exhaustion unhappiness, dissatisfaction to a state which has been identified as positive mental health (Jahoda, 1958; Warr, 1978).

A research in psychological well-being of elderly has gained momentum recently. Studies on indicators of psychological well-being demonstrate greater anxiety (Dhillon and Jasra, 1992) and depression (Venkoba Rao, 1989; Mathur and Sen, 1989; Baum and Boxley, 1983), Lower life satisfaction (Chadha, 1991; Bhardwaj, Sen and Mathur, 1991), and more adjustment problems among elderly (Singh, Singh and Dawra, 1983; Chandrika and Ananthraman, 1982).

Aims of the study:
To study the psychological well-being of the institutionalized aged by the effect of factors like Locus of Control, , Death Anxiety, Sex, Age, Education, Marital Status Social Network and Proportion of Activity.

Hypothesis:
1. There is no predictive relation of the Locus of Control in determining the psychological well-being of the institutionalized aged.
2. There is no predictive relation of the Death anxiety in determining the psychological well-being of the institutionalized aged.
3. There is no predictive relation of the Sex in determining the psychological well-being of the institutionalized aged.
4. There is no predictive relation of the Age in determining the psychological well-being of the institutionalized aged.
5. There is no predictive relation of the Education in determining the psychological well-being of the institutionalized aged.
6. There is no predictive relation of the marital status in determining the psychological well-being of the institutionalized aged.
7. There is no predictive relation of the Social network in determining the psychological well-being of the institutionalized aged.
8. There is no predictive relation of the Proportion of Activity of in determining the psychological well-being of the institutionalized aged.

Method
Sample:
Sample in this study consisted of 180 subjects which included equal number of males and females. The subjects were between 60 to 90 years. Of these 180 subjects elderly were staying in institutionalized aged. The institutionalized samples were drawn from 7 old age homes run by various social organizations in Ahmadabad.

Tools used:
The following tools were used in the present study:

1. Personal Data sheet :
A personal data sheet developed by the investigator was used to collect information about sex, age, Education, Marital status, Social network, Proportion of activity etc.

2. Locus of Control Scale:
Rotter (1966), Internal-External Locus of Control Scale was used to obtain locus of control scores. The scale was administered in groups. The Internal-External scale contains 28 items, in 6 which are fillers. Each item has two statements (a) and (b) and the respondent is required to choose one of the statements that is truer of him. Scoring in values assigning one mark if the keyed statement was checked. The maximum possible score is twenty two and minimum is zero. High score indicates high level of internal locus of control and law score indicates high level of external locus of control. The test – retest reliability coefficient is 0.83 and the author has reported satisfactory validity of the scale. The Gujarati version used in the present study had correlation between 0.70 and 0.85 with the original English version on different bilingual population.

3. Death Anxiety:
Death anxiety scale developed by Templer's (1970), was used to measure death anxiety. The scale consists 15 items with two alternative responses, true and false. The maximum possible score is fifteen and the minimum is zero. High score indicates high level of Death anxiety and law score indicates law level of death anxiety. Templer (1970) has reported a test-retest reliability of 0.83 and an internal consistency of 0.76 for the scale. The Gujarati version used in the present study had correlation between 0.94 with the original English version.

4. Psychological well-being Scale:
Psychological well-being Questionnaire developed by Bhogle and Prakash (1995), was used to measure Psychological well-being. The questionnaire contains 28 items with true and false response alternative. It covers 13 dimensions of psychological well-being. The maximum possible score is twenty eight and minimum is zero. High score indicates high level of psychological well-being and law score indicates law level of psychological well-being. The test – retest reliability coefficient is 0.72 and internal consistency coefficient is 0.84. The author has reported satisfactory validity of the questionnaire. The Gujarati version used in the present study had correlation between 0.91 with the original English version.

Statistical Analysis:
In this study multiple regression Test was used for statistical analysis.

Result and Discussion:
Multiple regression analysis for prediction of psychological well-being in institutionalized aged

(N= 180)

Name of the Variable	Correlation X vs. Y	Regression coefficient	Standard Regression Coefficient	Percentage	Computed 't' Values
1.Locus of Control	0.708	0.2626	0.4586	31.14	7.76**
2. Death Anxiety	-0.539	-0.2043	-0.1974	13.40	3.80**
3.Sex	0.030	0.3652	0.0768	5.21	1.71 NS
4.Age	-0.232	-0.1300	-0.0447	3.04	0.95 NS
5.Education	0.429	-0.3899	-0.1416	9.62	2.12*
6.Marrital status	-0.399	-0.6598	-0.1370	9.30	2.77**
7. Social Network	0.485	0.3351	0.1822	12.37	3.14**
8.Proportion of Activity	0.573	0.0055	0.2344	15.92	3.91**
Dependent Variable : Psychological well-being					
** P < 0.01, * P < 0.05, NS = Not Significant					

Multiple Correlation = 0.81207
R Square (R2) = 0.65946

Analysis if Variance for the Regression

Source	df	Sum of Square	Mean Sum of Square	'F' Value
Regression	8	671.11	83.89	41.33**
Residual	171	346.55	2.03	
Total	179	1017.66		
** P < 0.01				

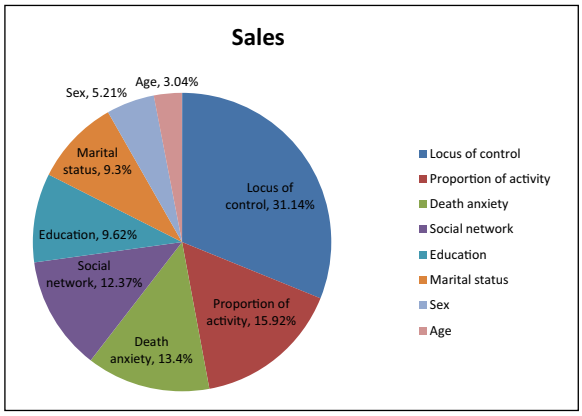

Table: 1 shows that with respect to the psychological well-being of the institutionalized aged, the R-multiple correlative is 0.81207 and its F-value is 41.33, which is significant to 0.01. The study undertaken thus shows that it is possible to predict the psychological well-being of the aged on the basis of the independent variable selected. It also can be said that the total variance observed in the dependent variables has 65.95% (R2 = 0.6595) variance is due to the independent variables.

The t-test on the independent variables reveals that of all, six t-values are significant to 0.01 and 0.05 which enables us to predict the psychological well-being of the institutionalized aged. These variables are:

1. Locus of Control
2. Death Anxiety
3. Education
4. Marital Status
5. Social Network
6. Proportion of Activity

Two other independent variables, viz., age and sex of the aged fail to predict the psychological well-being of the aged which means that the hypotheses about age and sex can be accepted.

What follows is a detailed discussion of the six independent variables which could predict the psychological well-being of the institutionalized aged.

1. The t-value of the predictive relation between the locus of control and the psychological well-being of the institutionalized aged is 7.76, which is significant to 0.01. This means that the locus of control of the institutionalized aged can be used to predict their psychological well-being since the correlation between the locus of control and the psychological well-being of the institutionalized aged was positive to 0.708 which means that the locus of control plays an important role in the psychological well-being of the institutionalized aged. It is positively related to the psychological well-being in that the more the locus of control is internal, more the amount of the psychological well-being of the aged and the more the locus of con-

trol external, the less the psychological well-being of the aged. The result of the present study shows, also in the chart, that the contribution of the locus of control in the psychological well-being of the institutionalized aged is about 31.14%.

2. The t-value of the predictive relation between death anxiety and psychological well-being of the aged is found to be 3.80 which is significant to 0.01 and which means that the death anxiety of the institutionalized aged can be used to predict their psychological well-being since the correlation between the death anxiety and the psychological well-being of the institutionalized aged was -0.539, which means that the death anxiety plays an important role in the psychological well-being of the institutionalized aged. It is negatively related to the psychological well-being in that the more the death anxiety, less the amount of the psychological well-being of the aged and the less the death anxiety, the more the psychological well-being of the aged. The result of the present study shows, also in the chart, that the contribution of the death anxiety in the psychological well-being of the institutionalized aged is about 13.40%.

3. The t-value of the predictive relation between education and psychological well-being of the aged is found to be 2.12 which is significant to 0.05 and which means that the education of the institutionalized aged can be used to predict their psychological well-being since the correlation between the education and the psychological well-being of the institutionalized aged was 0.429, which means that the education plays an important role in the psychological well-being of the institutionalized aged. It is positively related to the psychological well-being in that the more the education, less the amount of the psychological well-being of the aged and the less the education, the more the psychological well-being of the aged. The result of the present study shows, also in the chart, that the contribution of the education in the psychological well-being of the institutionalized aged is about 09.62%.

4. The t-value of the predictive relation between marital status and psychological well-being of the aged is found to be 2.77 which is significant to 0.01 and which means that the marital status of the institutionalized aged can be used to predict their psychological well-being since the correlation between the marital status and the psychological well-being of the institutionalized aged was -0.399, which means that the marital status plays an important role in the psychological well-being of the institutionalized aged. It is negatively related to the psychological well-being in that the more the marital status, less the amount of the psychological well-being of the aged and the less the marital status, the more the psychological well-being of the aged. The result of the present study shows, also in the chart, that the contribution of the marital status in the psychological well-being of the institutionalized aged is about 09.30%.

5. The t-value of the predictive relation between the social network and the psychological well-being of the institutionalized aged is 3.14, which is significant to 0.01. This means that the social network of the institutionalized aged can be used to predict their psychological well-being since the correlation between the social network and the psychological well-being of the institutionalized aged was positive to 0.485 which means that the social network plays an important role in the psychological well-being of the institutionalized aged. It is positively related to the psychological well-being in that the more the social network is internal, more the amount of the psychological well-being of the aged and the more the social network, the less the psychological well-being of the aged. The result of the present study shows, also in the chart, that the contribution of the social network in the psychological well-being of the institutionalized aged is about 12.37%.

6. The t-value of the predictive relation between the Proportion of Activity and the psychological well-being of the institutionalized aged is 3.91, which is significant to 0.01. This means that the Proportion of Activity of the institutionalized aged can be used to predict their psychological well-being since the correlation between the Proportion of Activity and the psychological well-being of the institutionalized aged was positive to 0.573 which means that the Proportion of Activity plays an important role in the psychological well-being of the institutionalized aged. It is positively related to the psychological well-being in that the more the Proportion of Activity is internal, more the amount of the psychological well-being of the aged and the more the Proportion of Activity, the less the psychological well-being of the aged. The result of the present study shows, also in the chart, that the contribution of the Proportion of Activity in the psychological well-being of the institutionalized aged is about 15.92%.

The present study was undertaken to determine the absolute significance of the independent variables by studying their effect on the dependent variables with reference to the institutionalized aged. The results are tabularized in Table: 1.

The independent variables which were successful in predicting the psychological well-being of the institutionalized aged can be arranged in a hierarchy. First is the Locus of Control, followed by Proportion of Activity, Death Anxiety, Social Network, Education, and Marital Status, in that order.

Conclusion:

1. Locus of Control can be successfully used to predict the psychological well-being of the institutionalized aged.
2. Death Anxiety can be successfully used to predict the psychological well-being of the institutionalized aged.
3. The psychological well-being of the institutionalized aged cannot be predicted on the basis of their sex.
4. The psychological well-being of the institutionalized aged cannot be predicted on the basis of their age.
5. Education Control can be successfully used to predict the psychological well-being of the institutionalized aged.
6. Marital Status Control can be successfully used to predict the psychological well-being of the institutionalized aged.
7. Social Network Control can be successfully used to predict the psychological well-being of the institutionalized aged.
8. Proportion of Activity Control can be successfully used to predict the psychological well-being of the institutionalized aged.

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