



Worries and Anxieties Among Residents of Pay & Stay Senior Care Homes

KEYWORDS

Worries – Anxieties – Senior Care Homes

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ABSTRACT

India is fast graying. A series of socio-technological advancements and migration resulted in disintegration of joint family system and alternative living arrangements for elderly. Living in senior care homes is becoming an option for many elderly. This study is an attempt to examine worries and anxieties in a sample of 120 residents of pay & stay senior care homes. Focused group discussions were held to identify sources of worry & anxiety in 60-65 and 66-70 year male and female older adult residents. Health and economic concerns were found to be very significant sources of worry and anxiety followed by diminishing social supports and inadequacies of personal / psychological concerns. Findings of the study suggest the importance of strategies to minimize pathological worry & anxiety in residents of senior care homes.

Introduction:

Growing old is a universal and natural phenomenon. Biological, psychological and social changes that accompany with age determine inter-individual variations in aging. Ageing merely stands for growing old, where as senescence is an expression of decreasing vitality and vigour that accompany ageing. The demographic projections of aging suggest that by 2020, there will be more than 12% of population over the age of 65 years and the most striking phenomenon is the gradual and significant increase of 75+ years age segment.. The life expectancy at birth in India is projected to rise from 64 years to 70 years by 2020 (Registrar General of India, 2011). The groups that needs special attention will be women, disabled, rural elderly and those living in care homes.

Care of the elderly was not an issue in the traditional agrarian Indian culture. Factors like demographic transition, migration of younger generationers resulted in non-availability of primary caregiver in the family. Demographic transition gradually created an imbalance of demand and supply of caregivers indicating fewer caregivers and higher dependent older adults. In view of decreased replacement ratio, increasing nuclear families and absence of care support systems majority of elderly are forced to have alternative living arrangements in Indian culture (Ramamurti, Liebig & Jamuna, 2015).

Since family is the main care provider, living arrangements of the elderly was not a major issue in the past. In the recent years, concerns related to family support and care by adult children is attracting the attention of gerontological researchers with a focus on the need for an appropriate policy supporting elder care. The fact that increasing number of senior care homes and legislation of Maintenance and Welfare of parents and senior citizens Act (2007) is a clear signal of changing scenario of elder care in India. Especially, in this changing psychosocial context, elderly are caught between the shrinking traditional values and ab-

sence of social support system (Dubey, Bhasin, Gupta & Sharma, 2011). Though co-residence with adult children is a preferred option of living for many elderly, living in senior care homes is becoming an inevitable for some elderly. Either preferred or non-preferred, life in old age home is fraught with stress and problematic for majority of residents.

Kalavar and Jamuna (2002) in their study on life experiences of seniors living in pay and stay care homes indicate that given the option, most elderly prefer to stay either nearby their families and with their adult children. The reasons are multiple for relocation such as adjustmental problems in the family, financial problems, destituteness, childlessness and desire to have independent life (eg., Fraizer & Waid, 1999; Flint, 1998; Kalavar & Jamuna, 2012; Devi & Tamilarasi, 2006; Mishra, 2008; Varughese & Jamuna, 2014). Financial, familial conflicts and health related changes were predominant reasons in male elderly for relocation to old age homes (Kalavar & Jamuna, 2002, 2008, 2012; Ramamurti & Jamuna, 2015).

Researches on mental health and life in old age homes demonstrated that depression, maladjustment, worry, psychosomatic distress, loneliness and other psychological problems were common in residents (Jamuna & Kalavar, 2012; Ramamurti, Liebig & Jamuna, 2015; Udhayakumar & Illango, 2013). Though both male and female elderly encounter adjustmental problems and higher levels of anxiety, female older adults reported to have higher anxiety levels as well as higher adjustmental problems in the areas of home, health and emotional domains (Gupta & Kohli, 2011). The most commonly reported mental health problems which have a major impact on lives of older adults are depression and anxiety. The rate of prevalence of sub clinical symptoms of anxiety is 17 to 21 percent which is higher than more severe "diagnosable" disorder (Himmelfarb & Murrell, 1984).

Social and psychological stressors and their manifested symptoms depends on the accuracy in understanding, exposure, reactivity and restorative process. The cumulative effect of these induce anxiety, fears and worry in the aging individual. Anxiety disorder in the elderly are highly comorbid with many medical illnesses and cognitive decline. Older adults experiencing worry and loneliness were those with low self-perceived health, poor vision and hearing, lower functional competence, loss of spouse, lack of social network, no leisure time activities and possession of safety and security alarms (Asmundson Abramowitz, Richter & Whedon, 2010; Jamuna, Kalavar, Khan & Liebig, 2014; Mathew, 1993). Decline in physical health, changes in memory and cognitive functions and impaired functioning in late adulthood diminish resilience and adaptive capacity, which makes the elderly more susceptible to anxiety and adjustmental problems (Ambriz, Izal & Montorio, 2012, Kastenbaum, 1994).

Periodical reviews on gerontology and geropsychology suggest that there is a paucity of Indian researches on mental health concerns especially on what are the sources of fears, worry and anxiety in residents living in senior care homes (Ramamurti & Jamuna, 2010a, 2010b; Ramamurti, Liebig & Jamuna, 2015). Thus, the present study is an attempt to examine the nature of worries and anxieties in older adults living in senior care homes located in United Andhra Pradesh.

Method:

Sample:

From a sample of 300 residents in 48 pay & stay senior care homes located across districts of the United Andhra Pradesh, only a sample of 130 residents in the age groups of 60-65 and 66-69 years were drawn from the Dataset of a research project on Fears, Worries and Anxieties in Residents of Senior Care Homes (Jamuna, 2014). The sample (N = 130) was identified on a select inclusion and exclusion criteria. Those scored high on Worry and Anxiety scales, indicating the presence of pathological worry and anxiety were excluded from the sample. After screening, a total sample of 120 were selected for the study. Consent from these 120 residents to participate in the study was ascertained.

Tools used:

Standardized PSWS - Penn State Worry Scale (Brown, Antony & Barlow, 1992) and BAI - Beck's anxiety inventory (Beck & Steer, 1990) suitable to Indian elderly were administered individually and were screened to identify sample with only subliminal / non-clinical worry and anxiety. To assess sources of worry and anxiety in the residents, Focused Group Discussions were organized on specified subthemes related to worry and anxiety in old age. The total sample were divided into 10 small groups containing 12 members in each group (N = 12 x 10). Based on the focal theme "Worry & Anxiety", discussions were held on identified subthemes to record qualitative data on sources of worry and anxiety among residents in senior residential care homes. The entire testing was conducted in two sessions.

Results and Discussion:

Data generated by Focused Group Discussions (FGDs) through various themes related to worry and anxiety and the frequency of certain characteristics related to the themes (FGD) viz., health & disability (HD); family & social relationships (FSR); economic/financial (E/F) and personal & psychological (PP) associated with aging and life in care homes were analysed in 60-65 and 66-70 year older male

and female residents. For purposes of clarity, sources of worry and anxiety were reported in age (Table 1) and gender (Table 2) subgroups separately.

Table-I: Sources of Worry and Anxiety in 60-65 and 66-70 year Residents in Pay & Stay Senior Care Homes

Sources	Percentage (%)		
	60-65 (N=70)	66-70 (N=50)	CR
Health and Disability			
Health problems	61	76	4.02***
Impending disease (Fear) & Hospitalization	79.6	82	1.17@
Dependency for care & support	78	66.6	2.11**
Loss of Independence in functional activities	89.3	76.2	3.58**
Family & Social Relationships			
Decreased Family / Social interactions	62.7	52	2.10*
Dearth of social supports and small social network	73.9	64.3	2.77**
Economic / Financial			
Costs of Disease / disability	72.4	71.6	1.39@
Financial burden (self & family)	72.3	71	1.64@
Concerns about stay in care homes	69.6	70.4	1.43@
Personal / Psychological			
Social isolation	81.7	79.1	1.46@
Discrimination (marginalized)	73	34.8	6.16**
Low perceived control on life	73.4	81	2.61*
Life in the care home in future	71.8	69.2	1.58@
Impending death (news about death of near and dear)	71.8	65.7	2.01*
End life concerns	68.2	69.8	1.39@
@Not significant : *P<0.05; **P<0.01; ***p<0.001			

Table: 2 Sources of Worry & Anxiety in older Men and Women Residents of Pay & Stay Senior Care Homes

Source	Male(%)	Female (%)	CR
Health & Disability	76.9	89.1	4.06**
Family & Social Relationships	72.5	67.65	2.06*
Economic / Financial	72.6	69.8	1.58@
Personal / Psychological	73.4	66.3	2.33*
@Not significant : *P<0.05; **P<0.01; ***P<0.001			

Sources of worry and anxiety viz., health and disability, family & social relationship, economics / financial and personal / psychological were analyzed to understand the nature of worries and anxieties in senior care home residents. According to the clinical diagnosis, those who have General anxiety disorder (GAD) along with comorbidity (memory problems, metabolic disorder etc) were eliminated from the sample and those with sub-liminal and non-clinical worry and anxiety levels (DSM-IV) were considered for the analysis. The elderly residents with sub-liminal and non-clinical worry and anxiety did not match the criteria for

any anxiety and worry related disorder (DSM-IV disorder), but complained of discomfort and interference with their daily life.

It is evident that data in 60-65 and 66-70 years (Table 1) show that declining health (61%; 76%), fear of sickness, hospitalization (79.6%; 82%) and resultant dependency for care & support on family members (78%; 66-6%) and fear of functional incompetence (89.3%; 76.3%) were the major sources of worry and anxiety in both the age groups. Worry due to sickness and dependency for functional activities (daily self-help skills) on family members was the most predominant in 60-65 years compared to 66-70 year residents.

In the domain of familial and social relationships, majority expressed worry due to decreased familial and social interactions (62.7%; 52%), fear of death of social supports and shrinkage of social network (73.9%; 64.3%). This is more so in 60-65 years (73.9%) compared to 66-70 year residents (64.3%). Another source of worry and anxiety is economic and financial concerns which was reported by more than 70% of senior residents in both 60-65 and 66-70 years, especially expenses towards medicines, hospitalization, sickness and disability (72.4 %, 71.6%) and also economic costs of stay in senior care homes (69.6%; 70.4).

From the domain of personal and psychological concerns, fear and worry was due to feelings of social isolation, anxiety of death especially when they hear about death of relatives, friends, near and dear (71.8% in 60-65 years; 65.7% in 66-70 years); isolation of social contacts (81.7% in 60-65; 79.1% in 66-69) and feelings of being marginalized and discriminated against others in the social context were significant in 60-65 years; (73% in 60-65; 34.8% in 66-69 years), whereas feeling that may lose control over their life (73.4%, 81%) and thoughts of dying and end life concerns (like for eg., who is going to come for his / her final journey; whether final rites would be done by one's family, whether left without anybody were the most significant sources of worry & anxiety in 66-70 years (68.2% in 60-65 years; 69.2% in 66-70 years). Residents in 60-65 years exhibited feelings of being marginalized (73%), being isolated (81.7%) and alone most of times were the significant sources of worry and anxiety compared to their other age counterparts in 66-70 years (34.8%; 79.1%). Both the age groups expressed worry and anxiety over disability, disease, dependency, financial concerns and overall anxiety about their life experiences in the care homes where they are staying. In spite of their current living arrangement in the senior care home, majority in 60-65 year age group were having worry over their familial relations and social supports. Interestingly, data in Table 1 & 2 reveals that though these four domains were found to be the major sources, the percentage of residents experienced these is less in 66-70 years. A prospective study over 60-70 years probably would throw more light on why and how such shifts happens with advancing age. During FGDs these were the most frequently reported concerns which produce fear, worry and anxiety in more than 60% to 80% of residents indicating potential signals of psychopathology.

Further to understand the levels of non-clinical and sub-liminal level of worry and anxiety in the sample, an attempt was made to gather information on how frequent such thoughts of worry and anxiety occur in a day / week / month and how such thoughts influence their daily lives (Table-3).

Table – 3: Occurrence of Worry and Anxiety Among Residents of Pay & Stay Senior care Homes

Worry and Anxiety Experienced	60-65 (N = 70)	66-70 (N = 50)	t value
	Mean(SD)	Mean (SD)	
In a day	3.1 (2.46)	2.3 (1.5)	2.22*
In a week	3.2 (2.61)	2.6 (1.86)	1.5@
In a Month	3.3 (2.2)	2.5 (1.81)	2.22*
Impact on daily Life			
2.8 (2.17)			
1.9 (1.87)			
2.5*			
Control over worry and Anxiety	1.6 (1.46)	1.1 (1.03)	2.27*
@Not significant : *P<0.05; **P<0.01; ** P<0.001			

Occurrence of worry and anxiety thoughts over a day or a week or a month was found to be high and have telling effect on their day today behaviours in 60-65 years compared to 66-70 year adult residents. As the sample constitute only sub-clinical and sub-liminal manifestation of worry & anxiety, the mean occurrences would only project potential successibility of GAD of these residents in the future. The mean occurrences and their impact in two age groups differed significantly (except in the mean occurrences over a week). Both the age groups admitted that gradually they are losing control over their thoughts, which are causing worry & anxiety. Results clearly demonstrated that the sources identified and nature of thoughts contributing to worry and anxiety in the residents were found to be significant.

Discussion:

Experience of fears are common in human existence and becomes a major concern when they interfere with our normal day to day functioning. Especially with advancing age and in particular, living conditions in a formal senior care homes influence one's rational thinking and normal perception and make them preoccupied with certain thoughts and feelings. Further, sometimes it impose limitations on physical, psychological and emotional competencies and interfere with day to day life. As reported in the present sample, worrying over health problems, sickness related hospitalization, infirmity, disability and resultant dependency followed by health care costs when disabled and hospitalized were the constant concerns among many residents. Researchers (eg., Asmundson, Abramowitz, Richter & Whedon, 2010) demonstrated that if fears and worries left unattended and lack check will cause mental and psychological disorders, which of course make life discouraging and depressing. Life in care home setting is not a preferred option for majority of residents and most of them are desirous of living with family and prefer proximity to their family members. Life experiences over their stay probably make the elderly habituated to constant procrastination and ultimately result in fears and worry which may not be noticed sometimes and surface it consciously. Though pay & stay, most of the care homes provide only basic needs like providing food and bed (as consumers)

and less priority will be given to activities promoting self worth. As a result, residents may likely to suffer from low self esteem, subjected to feelings of being isolated and marginalized, avoid communication with others and may underestimate themselves. If these characteristics are unattended these may likely to increase the severity and result in mental health problems. Worry and anxiety on health & disability are quite obvious in residents of care homes because most of the homes lack health care supports and age friendly environments (eg., precautions to avoid fall, proper lighting, commode type lavatories, grab & grip bars, ramps etc.).

As worry over minor things and level of worry in daily life was found to be closely correlated with the GAD (Dugas & Ladouceur, 1997), significant discomfort reported in the present sample especially in 60-65 years (the beginning of old age) and by male residents need attention to avoid further pathological complications. It is quite obvious that with advancing age, less worry about the welfare and wellbeing of the family are normatively accepted. This was reflected by 66-69 year residents in the present sample, where there is a shift to emotional experience about health instead of social and familial relationships. Probably, a prospective study would throw some light in understanding over such shifts with age. According to Powers et al., (1992), older adults in general, focus their worries basically on present and past situation, which may be an adaptive strategy for overcoming stress in their lives. On the other

hand elderly with GAD, would be preoccupied with and worry over future especially with unmet, unfinished tasks and may likely to feel that there is a short future ahead (Powers et al., 1992).

As Craske et al., (1989) suggest worrying about minor things to a greater extent is a good indicator of the presence of GAD and is a criterion to differentiate from the rest of the anxiety disorders (Craske et al., 1989). Data in terms of how frequent an individual in a day worrying is an indicator of anxiety and on the otherhand it is noteworthy that worry is not exclusively a pathological condition, since people without severe problems of anxiety also spend most of the time in a day with worry. Therefore, an objective is to plan interventions to reduce worry and not its elimination. The findings of the study do suggest that the extent of interference of worry in daily life context and extent of worry about minor aspects of life are the best indicators of discriminating GAD. It suggest that anxiety as a future oriented state and its severity may be strongly determined by the level to which they perceive their future as dangerous will affect their day today life and make them difficult to fulfill their needs. Findings of the study highlights the need for attention of mental health problems in residents and training should be provided to the health care professionals and administrators of senior care homes in promoting well being among residents. Programmes promoting community integration of older residents are to be encouraged.

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