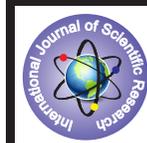


The Role of Residential Setting on Subjective Well-being of Elderly: an Exploratory Study



Medical Science

KEYWORDS : subjective well-being, residential setting, elderly, old age homes, family set ups.

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ABSTRACT

Elderly (aged 60 years and above) often face the challenge of coping with a variety of physical, psychological, and social problems. Sometimes they have to take decisions for their living arrangements and sometimes they have to change their residential set ups and have to move from home to old age home. Such changes have direct bearing for well-being.

This study explored the changes in subjective well-being of elderly due to shift in residential arrangements.

To this end a sample of elderly was drawn from three government recognized old age homes (n=44) and compared with a group of elderly living in family homes (n=43) in Lucknow city in north India. The subjective well-being inventory (SWBI) was used as tool to obtain the relevant data.

Data of the two groups of elderly was analyzed considering SUBI factor list and comparison of mean was done employing SPSS-15.

Elderly of old age homes shown comparatively less satisfaction on positive items of SUBI and revealed more worried than their counterpart residing in their own home.

Introduction:

There is a remarkable increase in population of elderly (aged 60 years and above) all across the world and so in India. Therefore, the absolute number and proportion of elderly is increasing at a fast speed in the country.^[1] Current demographic statistics reveal that at present 103 million elderly (8.6% of total population) are residing in India and in near future it is expected to increase three fold i.e., 316 million.^[2] The changes in age structure along with other socio-demographic changes like urbanization, industrialization, participation of females in work force etc. give birth to various issues and challenges especially for this segment of population. And, often they experience isolation, exclusion and marginalization due to one or other reason. Such experiences directly affect their wellbeing and health.

It is well established that elderly have to deal with a variety of changes in relation to biological, psychological, social or functional aspects. Changing psycho-social milieu, shrinking family size, variations in norms and values are adversely affecting the older population of our country and thus, creating serious problems. One of these problems is related with elderly residential settlements. Now a days, they often have to opt or forced to live in institutional set up. In later stages of life such type of amendments may have its impact on one's own feeling of well-being. Wellbeing is the term which is related to the concepts of +ve experiences of an individual related to his/her environment, care, and autonomy (physical, psychological or financial etc.). The state of well-being is conceptualized closer to the concept of mental health and happiness, life satisfaction and actualization of one's full potential^[3]; it refers to the state of optimal psychological functioning and experience and defines the idea of "good life". As has been mentioned earlier well being or subjective well being (SWB) is people's chief concern in life. SWB is defined in many ways. Further, material security and luxury alone are not sufficient for experiencing well being as many poor countries score high on the measure of happiness.^[2] Subjective well being of an individual often dependent on many variables like physical- mental health status, emotional/psychological satisfaction, financial status etc.

Self reported feelings about wellness or SWB on different domains of life provide various significant information regarding one's health, wellness and to those underlying +ve emotions which are related to happiness and satisfaction. Studies reveal significant information on underlying emotional state as SWB. This is a broad category of phenomena and includes people's emotional responses, domain satisfactions and global judgments of life satisfaction.^[4] Subjective well-being consists of two components: life satisfaction (a cognitive evaluation of one's overall life) and emotions (the presence of +ve emotions, and the absence of negative emotions).^[5] It provides an understanding regarding +ve emotions of the individual and also facilitates health of the individual therefore, the factors which may influence one's SWB need to be studied and explored. Assessment of SWB is an attempt to understand people's evaluations of their lives; as it assesses individual's personal feeling in relation to his/her physical, emotional, social environment, autonomy and emotional state, health status etc. as well as the internal response of the respondent. Whether residential set ups/ living arrangements have any role on SWB of elderly? Is there any difference amongst elderly SWB? Present study was conducted with the aim to find out wellbeing of elderly residing in different residential set ups i.e. their own home vs old age home.

Methodology:

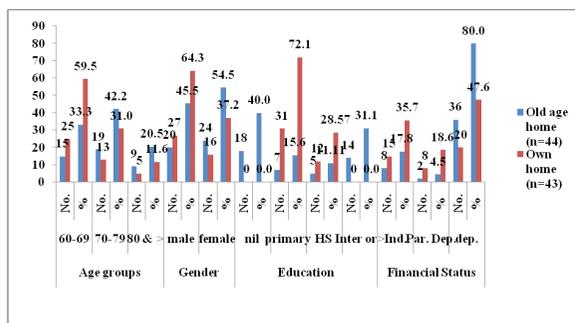
Sample of the study was drawn from three registered old age homes and one nearby residential colony Tilaknagar, Lucknow. Elderly residing in three old age homes and residential colony of Tilaknagar were recruited as participants. Elderly given consent to participate in the study were formed the study sample. Those who were aged 60 years and above, given informed consent, residing since last one year in old age homes and able to communicate and provide their details were included in the study. Socio-demographic details was obtained on a semi-structured proforma. SWB inventory^[6] was applied to assess wellbeing of elderly. In depth interviews were also done to know their general perception regarding changing psycho-social set ups.

Details about participants were carefully recorded on a semi-structured proforma. Items of SWB inventory abbreviated as

SUBI^[5] have been administered on all the participants. The inventory includes 40 items and assesses one's feeling about well-being or ill being. The inventory has eleven factorial dimensions with varying number and sequences of items. Despite administration of SUBI general views and opinion regarding their perception regarding changing demographic scenario, need for elderly living arrangements, general wishes related to later stages of life, and domiciliary arrangements were also obtained applying qualitative method (in-depth interview). Obtained qualitative data was further analyzed using SPSS-15 and qualitative data was analyzed using theme analysis.

Observations and Results: A total of 87 elderly participated in the study (old age home=44; own home=43). The socio-demographic details are provided in figure 1.

Figure 1: Socio-demographic characteristics of studied subjects by their residential setting



In old age home majority of the elderly were aged between (55.5%) were females whereas in family home majority were males (62.8%). In old age home proportionately elderly aged between 70-79 years were more 40%, followed by 60-69 years (33.3%), and 80-89 years (24.4%). In family home majority were aged between 60-69 years (60.5%), followed by 70-79 (37.2%). Only one of the inhabitants of family home was aged more than 80 years. In old age home majority of elderly were widowed (77.8%), whereas in family home majority were married (64.1%). In both group of elderly majority of males were found to be financially independent (old age home=33.3%; family home=25.6%), followed by dependent (old age home=11.1%; family home=13.9%) and in females majority were dependent (old age home=46.7%; family home=16.3%), followed by independent (old age home=8.9%; family home=9.3%). In family home 23.3% male and 11.6% female elderly found to be partially dependent.

Table 1: Item wise responses of studied subjects by their residential setting

SN	Items	factor no.	Item type	Old age home (N=44)		Own home (N=44)	
				Mean	SD	Mean	SD
1	Life-interesting	2	+ve	2.14	0.67	1.74	0.54
2	Fulfillment of expectations-standard of living status	2	+ve	2.39	0.54	1.77	0.65
3	Congruence success-deserts	2	+ve	2.23	0.57	1.70	0.67
4	Congruence accomplishment-efforts	1	+ve	1.95	0.65	1.70	0.60

5	Life-compared with the past	1	+ve	2.07	0.76	1.72	0.67
6	Things one has been doing recent years	3	+ve	1.95	0.68	1.93	0.59
7	Confidence of managing unexpected situations	3	+ve	2.34	0.64	2.02	0.64
8	Confidence in facing crises situations	3	+ve	2.25	0.65	1.93	0.55
9	Confidence in coping with the future	4	+ve	2.11	0.78	1.98	0.60
10	Belongingness-common force	4	+ve	1.98	0.76	2.00	0.62
11	Moments of intense happiness	4	+ve	2.29	0.81	1.86	0.56
12	Belongingness- mankind	6	+ve	2.20	0.79	1.84	0.61
13	Help by relatives/ friends in emergency	7	+ve	2.52	0.66	1.86	0.74
14	Relationship with children	6	+ve	2.52	0.73	1.91	0.78
15	Help by friends/ relatives in illness	8	-ve	2.50	0.63	1.86	0.68
16	Upset by unexpected things	8	-ve	2.36	0.72	1.98	0.64
17	Feeling sad without reason	8	-ve	2.27	0.79	1.93	0.59
18	Irritability	8	-ve	2.34	0.75	2.00	0.58
19	Anxiety and tension	8	-ve	2.25	0.69	1.77	0.72
20	Losing temper over minor things	8	+ve	2.30	0.59	1.60	0.66
21	Family-a source of help in minor problems	5	+ve	2.36	0.78	1.86	0.68
22	Closeness within family	5	+ve	2.23	0.71	1.93	0.55
23	Help by family in illness	5	+ve	2.25	0.75	1.86	0.52
24	Life-boring/uninteresting	11	-ve	2.21	0.77	2.00	0.58
25	Worry about future	11	-ve	2.57	0.59	1.95	0.69
26	Life-useless	11	-ve	2.50	0.76	1.98	0.56
27	Worry over relationship with spouse	7	-ve	3.18	0.53	1.98	0.71
28	Help by friends/ family when needed	6	+ve	2.52	0.66	1.86	0.60

29	Worry over relationship with children	7	-ve	2.59	0.79	1.95	0.58
30	Upset by minor things	8	-ve	2.48	0.59	1.77	0.53
31	Upset over criticism	8	-ve	2.52	0.55	2.07	0.67
32	Wish for more friends	10	-ve	2.45	0.66	1.98	0.41
33	Lack of close friends	10	-ve	2.23	0.77	2.00	0.72
34	Worry over health	9	-ve	2.25	0.84	1.93	0.67
35	Pains in various parts of the body	9	-ve	1.89	0.72	2.05	0.75
36	Palpitation/thumping heart	9	-ve	1.73	0.66	1.93	0.80
37	Giddiness	9	-ve	1.98	0.76	1.84	0.69
38	Getting tired to easily	9	-ve	1.75	0.61	1.74	0.66
39	Disturbed sleep	9	-ve	1.91	0.64	1.79	0.67
40	Lack of close relationships	10	-ve	1.95	0.57	1.79	0.64

On most of the positive answers, residents of own home shown more satisfaction than their counterpart old age home residents. ANOVA was performed to see the significance of difference, which is being shown in table 2.

Table 2: Factor wise analysis of responses of studied subjects by their residential setting

S.N.	Factors	Items	Item type	F Ratio	Sig.
1	General well being +ve affect	Life-interesting	+ve	9.06	0.003**
		Life-compared with the past	+ve	5.13	0.026*
		Things one has been doing recent years	+ve	0.03	0.860
2	Expectation achievement congruence	Fulfilment of expectations-standard of living status	+ve	23.52	0.000**
		Congruence success- deserts	+ve	15.81	0.000**
		Congruence accomplishment-efforts	+ve	3.70	0.058
3	confidence in coping	Confidence of managing unexpected situations	+ve	5.35	0.023*
		Confidence in facing crises situations	+ve	6.09	0.016**
		Confidence in coping with the future	+ve	0.84	0.363
4	transcendence	Belongingness-common force	+ve	0.02	0.879
		Moments of intense happiness	+ve	8.03	0.006*
		Belongingness-mankind	+ve	5.80	0.018*
5	family/group support	Family-a source of help in minor problems	+ve	10.32	0.002**
		Closeness within family	+ve	4.73	0.033*
		Help by family in illness	+ve	7.92	0.006**

6	social support	Help by relatives/friends in emergency	+ve	19.24	0.000**
		Help by friends/relatives in illness	+ve	20.91	0.000**
		Help by friends/family when needed	+ve	23.75	0.000**
7	primary group concern	Relationship with children	+ve	14.42	0.000**
		Worry over relationship with spouse	-ve	81.29	0.000**
		Worry over relationship with children	-ve	18.52	0.000**
8	inadequate mental mastery	Upset by unexpected things	-ve	7.07	0.009**
		Feeling sad without reason	-ve	5.22	0.025*
		Irritability	-ve	5.67	0.019**
		Anxiety and tension	-ve	10.27	0.002**
		Losing temper over minor things	-ve	26.38	0.000**
		Upset by minor things	-ve	34.95	0.000**
9	perceived ill health	Upset over criticism	-ve	11.94	0.001**
		Worry over health	-ve	3.85	0.053*
		Pains in various parts of the body	-ve	1.02	0.315
		Palpitation/thumping heart	-ve	1.67	0.199
		Giddiness	-ve	0.81	0.371
		Getting tired to easily	-ve	0.00	0.966
10	deficiency in social contacts	Disturbed sleep	-ve	0.70	0.403
		Wish for more friends	-ve	16.30	0.000**
		Lack of close friends	-ve	2.00	0.161
11	general wellbeing --ve affect	Lack of close relationships	-ve	1.60	0.209
		Life- boring/uninteresting	-ve	2.02	0.159
		Worry about future	-ve	20.13	0.000**
		Life- useless	-ve	13.33	0.000**

General wellbeing of elderly residing in their own home was reported to be better than their counterpart elderly residing in old age homes. On two items (1 and 5) elderly living in their own homes were shown significantly more satisfaction than their counterpart residents of old age homes (F ratio=<0.003 and <0.03 respectively) however, on third item related to wellbeing responses were almost similar and no significant difference was found. Satisfaction level of elderly residing in their own homes was also significantly more than their counterpart old age home residents.

SWB of elderly residing in their own home was reported to be significantly better almost on all items related to expectation achievement congruence, confidence in coping and family/group support except one item of 4th and 5th factors. SWB of own home residents was again found to be significantly better on all items of the factors related to social support and primary group concern. However, SWB on mental mastery was found to be significantly better in residents of old age homes on most of the items. The factor of perceived ill health was found to be almost same by both group of elderly except for one item i.e. own home elderly remain more worried over health than their counterpart old age home elderly (F < 0.05). Old age home residents were reported to be better on factors like deficiency in social contact however, the significant difference was found only on one item i.e. wish for more friends by own home residents. Gen-

eral wellbeing showing -ve affect was also found to be better of old age home residents than own home inmates except for one item i.e. life boring/uninteresting.

Apart from items on subjective wellbeing scale, general views of the elderly were also obtained through in-depth interviews. Some of the specific and quotable views of subjects are being provided in following paragraphs.

- 78% of elderly living in old age homes initially reluctant to express their views about their family members. However, gradually they accepted about the existence of their own kids. The reason for the reluctance expressed by them was -ve and non-caring attitude of their kids and family members.
- Retired pensioners said “they are satisfied with their present environment as there is no family member specially their son or daughter in-law, who can threaten and force them to sign on cheque or to transfer the property”.
- Majority (80%) of subjects of old age homes opined that they got enough time for spiritual activities, which they did not have at their home.
- Majority (75.5%) of old age home inhabitants given their +ve opinion regarding meals by saying that they get proper meals well in time without any abuse.
- Most of old age home elderly (97.8%) were feeling that old age homes are the best alternative for independent, safe and secure livelihood for those who are being ill treated at their homes, not getting proper meal, not having care provider including their kids.
- Except one couple, none of the elderly came to old age home at their own, but later on every body tried to cope up with situation and all of them accepted it as the judgment of the God.
- Majority (95.5%) of elderly were shown their wish to go back to their family homes as they used to think that they should die at their family home.
- One of the female who is staying at old age home with her spouse opined ‘if we cannot change our attitude then we must decide to live in old age homes as children having their own responsibilities. As we can not change our self, we should not force our children to change their attitude too. It is better if we can’t change ourselves, should decide to go to an alternative place’.
- For alternative domiciliary arrangements 100% of elderly opined that opening of more and more old age homes are the best option and they also advised in these institutions the care providers should be familiar with elderly needs and requirements. Even inhabitants of family homes were also favored the opening of old age homes. Some of the family home people (25.6%) enquired about these homes and were expressed their interest to shift from their family home to these old age homes for the sake of independence, security and autonomy.

Discussion:

The main aim of this study was to explore the subjective wellbeing amongst elderly aged 60 years and above residing in different residential set ups i.e. old age home versus family homes. Majority of elderly of old age homes consented to participate in the

study. Findings of the study reveal that majority of male elderly in old age homes were aged 80 year and above without their spouses and were financially independent; whereas majority of females were widowed and financially dependent, supports earlier findings.^[7,8] Most of the females in family homes were married and dependent.

The findings of the study show that elderly living in their own homes were significantly more satisfied on items related to factors like general well being, expectation achievement congruence, confidence in coping and family/group support, social support. Whereas, old age home subjects were found to be more apprehensive on factors and items related to primary group concern, inadequate mental mastery, deficiency in social contacts, general wellbeing -ve affect. On the items of perceived ill health both group of subjects provided similar kind of response as responses of these items were found to be non significant (factor 9 and item nos. 30-34).

Elderly of old age homes shown comparatively less satisfaction on positive items of SUBI and revealed more worried than their counterpart residing in their own home contradicts the findings of a previous study which reports that within any given society, subjective well-being varies surprisingly little across any stable characteristic.^[9] However, on qualitative findings, elderly of old age homes have shown their satisfaction with provisions of alternative place of stay including meal timings, independence and security. Generally the elderly of old age homes revealed that they wanted to die in their own family and surroundings; which supports another Turkish study^[10] findings.

Conclusions:

Because of increasing number of elderly and changing psychosocial and family milieu more and more old age homes are coming in existence. Now, population aging coming with newer and serious issues, and it is advocated that their health matter to be addressed at national and international level.^[11] And, one of the major issue is the alternative arrangement for their stay, which directly affect their subjective wellbeing and ultimately the mental health. Old age homes are being adopted by the elderly most of the time forcibly and sometimes willingly. Subjective wellbeing and concordance of elderly with these arrangements are yet not much explored. There is a need to survey about the preferences of elderly for their living arrangements, wellbeing as well as its influence on health. In addition, longitudinal data on living arrangement preference would enable to see how preferences change over time, and whether actual living arrangement and preference influence each other. Such types of studies are required to undertake so that living status of elderly and their feeling of wellbeing may be evaluated and reviewed.

Limitations of the study:

The study was carried out on a pilot basis on a very small sample size in a limited time span and thus cannot be generalized. However, such large scale studies to be conducted to find out actual position of elderly living in different section of society.

Conflict of interest: None.

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