



A STUDY TO ASSESS ANXIETY ASSOCIATED WITH END OF LIFE AMONG ELDERLY PEOPLE IN SELECTED AREAS OF LUDHIANA, PUNJAB.

Psychiatry

Anureet

Nursing Tutor, DMCH, College of Nursing, Ludhiana, Punjab.

**Dr.(Mrs) Triza
Jiwan***

Professor & Principal, DMCH, College of Nursing, Ludhiana, Punjab. *Corresponding Author

Mrs. Navneet Kaur Assistant Professor, DMCH, College of Nursing, Ludhiana, Punjab.

KEYWORDS

Anxiety, End of life, Elderly people

INTRODUCTION:

Aging is a normal, universal and inevitable change which takes place even with the best of nutrition and health care. The rapid change in the social and cultural values had made a tremendous impact on mental well being of elderly people. This changing value makes them vulnerable for psychological disturbances such as anxiety associated with end of life.

Aim: To assess anxiety associated with end of life among elderly people with a view to develop an Information Education Communication (IEC) material on self management of anxiety associated with end of life.

Methodology:

A Quantitative research approach and non- experimental descriptive survey research design was used including 100 elderly people as sample residing in urban areas (Shimlapuri and Model Town) of Ludhiana, Punjab. Data was collected by using non- probability convenience sampling technique. Socio demographic profile, standardized Death anxiety scale (1970) developed by Donald Templer was used to assess anxiety associated with end of life among elderly people. Quantitative data was obtained by using interview technique. Data was tabulated and analysis was done by using descriptive and inferential statistics.

RESULTS:

The study revealed that majority (60%) of the elderly were from 60-70 years, female, illiterate, homemaker, widow, Hindu, from joint family, vegetarian, had chronic disease, living alone, had 3 children and had source of income Rs.<5000 per month. The mean age was 70.62years.

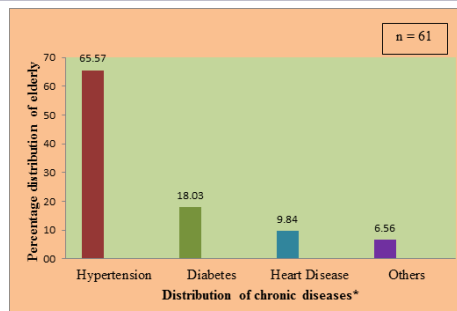


Figure 1: Distribution of chronic diseases among elderly people

*Multiple responses of subjects

Table 1: Distribution of elderly people according to level of anxiety.

N=100		
Level of Anxiety	Score	f(%)
No	0	0(00)
Mild	1-5	52(52)
Moderate	6-10	26(26)
Severe	11-15	22(22)

Mean $\pm$ SD 6.48 $\pm$ 3.20

Maximum score = 15

Minimum score = 0

Table 2: Association of anxiety associated with end of life among elderly people with their socio-demographic variables.

N=100					
Socio-demographic variables	n	Mean $\pm$ SD	F/t value	p value	df
Age (in Years)			14.29	0.0001**	99
60-70	60	7.66 $\pm$ 3.24			
70-80	29	5.13 $\pm$ 2.34			
80-90	11	3.54 $\pm$ 1.03			
Gender			3.45	0.0008**	98
Male	41	5.22 $\pm$ 2.54			
Female	59	7.36 $\pm$ 3.34			
Education			0.76	0.57 ^{NS}	99
Illiterate	28	6.50 $\pm$ 3.27			
Primary	24	6.20 $\pm$ 3.14			
Middle	17	60.5 $\pm$ 3.28			
Secondary	22	6.40 $\pm$ 3.01			
Senior Secondary	03	9.67 $\pm$ 4.93			
Graduate and above	06	7.33 $\pm$ 3.07			
Occupation			2.11	0.08 ^{NS}	99
Govt Service	07	7.14 $\pm$ 3.43			
Private service	18	6.00 $\pm$ 2.76			
Business	01	12.00 $\pm$ 0.0			
Self Employed	32	5.56 $\pm$ 3.04			
Home Maker	42	7.14 $\pm$ 3.29			
Marital status			1.55	0.21 ^{NS}	99
Unmarried	12	5.50 $\pm$ 2.75			
Married	32	7.22 $\pm$ 3.53			
Widow	56	6.27 $\pm$ 3.06			

Religion					
Hindu	53	6.64±3.16	0.47	0.62 ^{NS}	99
Sikh	45	6.37±3.32			
Others(Muslim and Christian)	02	4.50±0.70			
Type of Family			1.95	0.04*	98
Nuclear	20	5.25±3.24			
Joint	80	6.79±3.14			
Dietary Habit			0.32	0.72 ^{NS}	99
Vegetarian	69	6.60±3.34			
Non-Vegetarian	29	6.27±2.97			
Lacto Ova Vegetarian	02	5.00±1.41			
History of Chronic Disease			0.33	0.73 ^{NS}	98
Yes	61	6.39±3.05			
No	39	6.62±3.48			
Number Of Children			1.6	0.20 ^{NS}	99
0	24	5.29±2.75			
1	13	7.69±3.27			
2	18	6.67±3.43			
3	26	6.88±3.17			
≥4	19	6.47±3.34			
Type of Residence			1.18	0.23 ^{NS}	98
Institution(Old age home)	50	6.10±3.00			
Non-Institution(Home)	50	6.86±3.39			
Living Status			0.84	0.50 ^{NS}	99
Living alone	51	6.03±3.07			
Living With spouse only	03	6.33±4.04			
Living with children only	17	6.66±2.97			
Living with spouse and children	27	7.29±3.53			
Living With someone else other than spouse and children	02	4.00±0.00			
Monthly income in Rupees (n=69)			0.98	0.37 ^{NS}	99
<5000	43	6.24±3.11			
5000-10000	18	6.45±3.23			
>10000	08	7.61±3.57			

Maximum score = 15

*Significant p<0.05, ** Highly Significant=0.0001

Minimum score = 0

NS (Non Significant)

CONCLUSION:

The present study concluded that all the elderly people had anxiety associated with end of life. Age and gender were found to be statistically highly significantly associated with anxiety. Type of family was statistically significantly associated with mean anxiety. Anxiety was high among age group 60-70 years.

REFERENCES

1. Lessy FJ Aging into the 21st century. New York; Garner Press. 1998:p.231.
2. Sharma AL Geriatrics- A challenge for the twenty first century. Indian J Public Health 2003;47:18.
3. Chokkanatha S, Alex E Y (2008). Elder Mistreatment in Urban India; A Community Based Study: p45-61. Published online: 07 Sep 2008.DOI: 10.1300/J084v17n02_03.
4. Patidar AB, Anjulata, Kaur J Prevalence of perceived abuse and neglect among elderly in selected areas of city Ludhiana, Punjab. BFUHS Journal; 2011:p67-72.
5. Altay B, Avciil A (2009). Relationship of perceived family social support and depression symptoms of old people living in Alanli District, Samsun. TAF Prevention Medical Bulletin; 8(2):p139-146.
6. Ron P (2004). Depression, Hopelessness, and Suicidal Ideation Among the Elderly: A Comparison Between Men and Women Living in Nursing Homes and in the Community. Journal of Gerontological Social Work; Vol- 43:p 2-3,97-116.
7. Mathew M A, George L S, Paniyadi N (2009). Comparative study on stress, coping strategies and quality of life of institutionalized and non institutionalized elderly in Kottayam district, Kerala. Indian Journal of Gerontology; 23(1):p79-87. Retrieved from <http://www.gerontologyindia.com/pdf/vol-23-1.pdf>.
8. Wink P, Scott J (2005). Does religiousness buffer against the fear of death and dying in late adulthood? Findings from a longitudinal study. Journal of Gerontology;60B:p207-214.