Original Research Article

A Study to Assess the Effectiveness of Selected Strategies to Improve the Wellbeing Status of Elderly Inmates of Selected Old Age Homes in Bangalore

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ABSTRACT

Introduction: The care of elderly adults has been the responsibility of family members and was provided within the extended family home. Increasingly in modern societies, elderly care is being provided by state or charitable institutions. The reasons for this change include 'nuclearisation' of families, accompanied by industrialization, urbanization and exposure to urban life styles. This change has brought in problems too and had affected the elderly in terms of their quality in life. Providing them with certain planned interventions could sustain the wellbeing of those living in long term care settings. These interventions could be effectively taught to them and be integrated into daily programming, and that too at a minimal cost. Identifying activities that are physically, mentally, and socially meaningful to the residents and providing opportunities for engaging in them is the only effort needed.

Objectives:
1. To identify the wellbeing status of elderly inmates residing in selected old age homes in Bangalore
2. To evaluate the effectiveness of selected strategies to improve the wellbeing status of elderly inmates of selected old age homes in Bangalore
3. To identify the association between selected demographic variables and wellbeing status of elderly inmates

Methods: Quasi experimental, one group pretest- posttest design was adopted for the study. The study population consisted of males and females over the age of sixty years who are residing at selected old age homes. The sample in this study was selected by purposive sampling technique. Modified General Wellbeing Scale was used to collect the data regarding pre-intervention and post-intervention wellbeing status. Activities of daily living, recreational activities and social interaction activities are included in the selected strategies which were administered for two weeks from morning till the bedtime.

Results: The results of the study found a significant difference between the mean wellbeing scores before and after administering selected strategies. This was demonstrated using' test analysis (t_{39}=3.551, p<0.001). The findings of the study revealed that demographic variables like social support from relatives (t_{38}=2.042, p<0.05) and period of stay in an old age home (t_{38}=2.042, p<0.001) had a significant association with the pre-test wellbeing scores.

Key words: Wellbeing status; effectiveness; selected strategies; elderly inmates

INTRODUCTION

In the last three decades the aged population (65 years and above) has grown twice as fast as the rest of the population. Presently, about 36 million people or 12% of the population are 65 years of age or older. By 2030, 20% of the population will comprise older adults, taking their numbers

to an estimated 71.5 million. [1] Correspondingly, the old age dependency ratio has increased over the years. [2]

When one takes the case of India, finds that in the past, women were expected to provide home care for the elderly. While the increasing participation of women in the work place has given women a space for lateral growth, this has meant that the elderly are left alone. Perhaps it is these factors compounded by the growth of the elderly population and lack of appropriate familial and medical care that presents a larger challenge to the family, the medical profession, administration and society at large. In answer to this challenge old age homes have mushroomed by the number in India. [3] The old age homes are established to give shelter to those elderly people who are financially disadvantaged, lacking in familial care, as well as those who are destitute. [4]

In fact, health care professionals especially the Nurses are the key partners in promoting wellbeing in a long term care setting. Hence an awareness of relevant science, research and other studies in the area would help professionals understand that equal importance should be given to physical, mental, social, and environmental factors that impact the participation of the old in meaningful day-to-day activities. [5]

When a descriptive study was conducted on feelings of loneliness prevalent amongst the elderly in old age homes, it was found that engaging in meaningful day-to-day activities help the elderly greatly. They are then able to overcome loneliness, improve their health and augment self esteem. [6] However, other studies have shown that the satisfaction experienced by the elderly when they are with their families is far greater than that in an old age home. [7]

Certain studies have shown that some selected strategies help to improve the quality of life of the institutionalized elderly. A comparative study was conducted on the psychological dimensions of the institutionalized and non institutionalized elderly. It was found that the availability of healthy relationships, a status of prominence in the family, constructive leisure time activities and a support network were desirable factors for a healthy adjustment to the changes in old age's life circumstances. [8]

With this study the investigator intended to develop strategies to improve the wellbeing of institutionalized elderly inmates to make their lives more worthwhile.

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Hypothesis
The mean post test wellbeing score of the group will be significantly higher than the mean pre-test wellbeing scores at 0.05 level of significance.

Conceptual Framework:
The conceptual framework used in this study was based on Ernestine Wiedenbach"s (1969) prescriptive theory. [9] It is based on three concepts i.e. the central purpose, prescription and realities.

MATERIALS AND METHODS:

Research Approach
An evaluative research approach was adopted, in order to accomplish the main objectives of assessing the effectiveness of selected strategies to improve the wellbeing status of elderly inmates

Research Design
Quasi -experimental, one group pretest-posttest design was adopted for the study.

Pretest(O_1)	Treatment(X)	Posttest(O_2)

Setting of the study

The study was conducted in Cleta's Home, Augustine Nivas Old Age Home, Bangalore. There were 110 male and female inmates during the study period. It is run by Cellitinnen Augustinian Sisters.

Population

The study population consists of males and females over the age of sixty years who are residing at selected old age homes in Bangalore.

Sample and Sample size

Forty males and females, who fulfilled the inclusion and exclusion criteria, were selected.

Sampling technique

Purposive sampling technique was used. The samples were handpicked based on inclusion and exclusion criteria. The investigator was able to do this after consulting with care givers of the institution.

Description of the tool

Section A: Baseline Proforma- Baseline characteristics of subject consisted of 12 items seeking information about background data.

Section B: Modified General Wellbeing Scale- It consisted of 18 items and each item has six responses. The score for each item is from 0 to 5. The overall score of the scale is as follows:

81–110 Positive wellbeing, 76–80 Low positive, 71–75 Marginal wellbeing, 56–70 Stress, 41–55 Distress, 26–40 Serious distress, 0–25 Severe distress.

Selected strategies

Selected strategies consisted of a schedule of daily activities and a prescribed period of rest. This was administered for two weeks from morning till the bedtime. Activities of daily living, recreational activities and social interaction activities are included in the selected strategies. The investigator visited the old age home every day and guided the subjects to follow the schedule from 7.00 AM to 7.30 PM

Content validity of the tool

To establish the content validity of the tool, the tool was given to 10 experts in the field of nursing and one expert in the field of medicine. Based on their suggestions and opinion the tool was modified.

Reliability

The reliability of the wellbeing scale was established by administering the tool to five elderly inmates of Krupalaya old age home, Bangalore. The reliability of the half test was established by split-half method using Spearman's rank correlation coefficient, r, which is 0.9 The reliability of the full test was computed by Spearman Brown Prophecy formula, The coefficient of correlation r′ = 0.95, which indicates that the tool is highly reliable.

Pilot study

It was conducted in Krupalaya Old Age Home in S G Palya, Bangalore, to check the feasibility of the study. The study was found to be feasible.

Data collection technique

Formal written permission was obtained from the Director of the old age home. The investigator introduced herself to the inmates and the purpose of the study was explained to them. Confidentiality was assured and written consent was obtained. The description about selected strategies was given to the subjects.

The subjects were asked to provide the baseline information after which wellbeing status was assessed using Modified General Wellbeing Scale. This was followed by administration of selected strategies from 7.00 AM to 7.30 PM for two weeks. The investigator visited the old age home every day and did the observation from 7.00 AM to 7.30 PM. Pre-intervention wellbeing was assessed on the first day of data collection, followed by the administration of selected strategies on the following two weeks and after completion of the intervention, the post-intervention wellbeing was assessed.

ANALYSIS AND RESULTS

Section 1: Description of the Baseline variables of the elderly inmates

About 45% of the subjects belonged to the age group of 76-80 years. More than

half (77.5%) of the subjects were of females, 67.5% of the subjects were married and 42.5% of them had no children. More than half (72.5%) of the subjects were belonged to nuclear family, majority (55%) of the subjects had family support, 47.5% of the subjects had relative support and only 2.5% had only friend's support. Among the subjects, 87.5% of them were graduates and 87.5% were employed. Majority (70%) of the subjects had source of income as interest from property and the remaining 30% of the subjects had pension as the source of income. Majority (78%) of the subjects belonged to Christianity and a small number (12.5%) of the subjects were self motivated to stay in the old age home, 15% had family problems and about 35% of the subjects were staying alone. About 45% of them are staying in old age home from 2-5 years and 35% are staying from 6-10 years and only a small number (20%) are staying from 11-15 years.

Section 2(a): Description of wellbeing scores of elderly inmates before and after the administration of selected strategies.

Range, Frequency, Percentage Distribution of subjects according to pre-test wellbeing and post-test wellbeing score   N=40

Level of wellbeing	Pretest			Post-test		
	Range	Frequency	Percentage	Range	Frequency	Percentage
Positivewellbeing (81-110)	83-101	8	20	81-110	39	97.5
Low positive (76-80)	77-80	8	20	80	1	2.5
Marginal wellbeing (71-75)	71-75	5	12.5			
Stress (56-70)	56-70	19	47.5			

Table 1 shows that with regard to the pre-test wellbeing scores, 20% of the subjects had positive wellbeing with the range of 83-110, another 20% had low positive wellbeing with the range of 77-80 and 12.5% had marginal wellbeing with the range of 71-75. Majority (47.55%) had stress with a range of 56-70.

About the posttest wellbeing scores, Majority (97.5%) of the subjects had positive wellbeing with the range of 81-110; another 2.5% of the subjects had low positive wellbeing with the range of 76-80. None of the subjects were found to be in distress, serious distress or severe distress neither in pretest nor in posttest.

Section 2(b): Comparison of mean scores of pre-test and post-test wellbeing scores

The pre-test score has mean of 72.7 and the post-test score has mean of 91.4, which is much greater than the pre-test score (Figure 1).
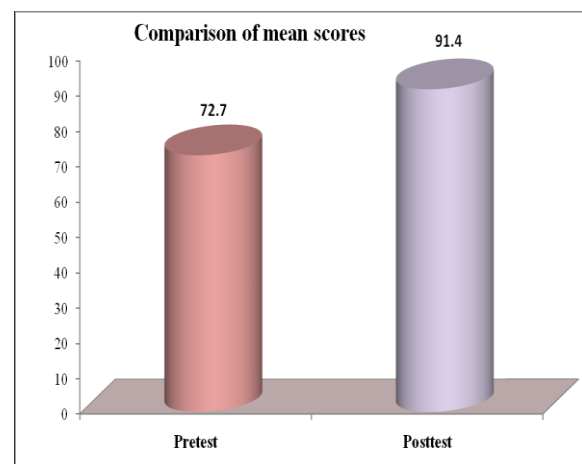
Section 3: Effectiveness of selected strategies on wellbeing status. N = 40

Score	Mean	S.D	t value	df	Result
Pre-test	72.7	11.4	13.5	39	p<0.001, S
Post-test	91.4	7			

(t_{39}=3.551, p<0.001) S=Significant

Table 2 depicts that the mean pre-test score is lower than the post-test score. The computed 't' value is greater than the table value (t_{39}=3.551, p< 0.00). Hence the null hypothesis (H_0) was rejected and the research hypothesis was accepted. Thus it

was inferred that the selected strategies were effective in improving the wellbeing status.

Section 4: Association between pre-test wellbeing score and selected demographic variables.   N=40

Variable	Correlation Coefficient(r)		df		Result
Years of stay	0.77		38		P<0.001,S
Support from relatives	Mean	S.D	t value	df	
Present	76.3	11.7	2.21	38	P=0.034,S
Absent	68.7	9.9			

There was a significant association between preintervention wellbeing scores of elderly inmates and number of years of stay in old age home (p< 0.001) and the social support from relatives (t_{38}=2.042, p<0.05).

There was no association with other baseline variables of elderly inmates such as age of inmates, no of children, education sex, religion, marital status, type of family, employment, source of income and reason for staying in old age home and wellbeing scores.

DISCUSSION

The findings of the study demonstrated that the mean pre-test score (72.7) was lower than the post-test score (91.4). The computed 't' value was greater than the table value (t_{39}=3.551, p< 0.001). This reveals that there is a significant difference between pre-test and post-test scores of wellbeing at a 0.001 level of significance. Thus, it was concluded, that the selected strategies were effective in improving the wellbeing status of the elderly inmates. The researcher also observed that the inmates were interested in following the strategies selected by the researcher. This could be due to the fact that when they engaged in various activities they did not feel that their lives were boring or worthless.

The findings of the present study are also consistent with that of a study conducted by occupational therapists at the University of Southern California, which examined the effectiveness of occupational therapy in health promotion efforts for low-income, community-dwelling older adults. Results of this study demonstrated that occupational therapy along with social activity services were effective in maintaining a healthy and more independent lifestyle, which is consistent with the finding of the present study. [10]

The findings of the study revealed that age of subjects, the number of children that they had, their education, sex, religion, marital status and type of family had no relevance to the pre-test wellbeing score as 'p' value is greater than 0.05 level of significance.

However, the number of years of stay in an old age home did have relevance to the pre-test wellbeing score (t_{38}=2.042, p<0.05). This could be due to changes in their life style during institutionalization.

The findings of the study also show that social support from relatives has a significant association with the pre-test wellbeing. This could be due to the frequent visits of the relatives of the subjects. Another observation of the present study is that there is no association between social support from family and the wellbeing status. This is an unexpected finding and it could be due to the fact that most of the children of the subjects taken for this study were abroad and therefore there were no visits made.

A longitudinal study conducted to evaluate whether long standing illness, social context, and current socioeconomic circumstances could be used to predict the quality of life amongst institutionalized adults living in England. The results of the study revealed that the quality of life was lowered by depression, poor perceived financial situation, limitations in mobility, difficulties with everyday activities and longstanding illness. Also, the quality of life improved by trusting relationships with family and friends and frequent contact with

friends. This finding is congruent with the findings of the present study. [11]

CONCLUSION

The study has shown that institutionalization affects the wellbeing status of elderly inmates of old age homes. It was found in fact, that a significant difference was found between the mean wellbeing scores before and after administering selected strategies. This was demonstrated using "t" test analysis (t_{39}=3.551, p<0.001). This shows that the selected strategies were very effective in improving the wellbeing status of the elderly.

The findings of the study revealed that demographic variables like social support from relatives and period of stay in an Old Age Home can determine the wellbeing status of elderly in Old Age Homes.

Recommendations:

1. The study could be replicated on larger samples.
2. The study could be replicated with a control group.
3. A similar study could be conducted for a longer duration.
4. Various other strategies could be selected to improve the wellbeing status.
5. A comparative study could be conducted between selected strategies and other non-pharmacological measures like exercise, music and counseling sessions.
6. A study could be conducted on the effectiveness of selected strategies on quality of sleep

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