

## Research Article

# A Study to Assess the Psychosocial Problems and Happiness with a view to Develop a Video on Diversional Therapy among the Elderly Living in Selected Community in New Delhi

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## I N F O

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## A B S T R A C T

**Introduction:** The elderly is prone to psychosocial problems due to harassment, ill treatment, exploitation, separation, living alone, lack of family ties and social network which can have a bad impact on the well-being and the quality of life.

**Objectives:** The objectives of this study were to assess the psychosocial problems and happiness among the elderly with a view to develop a video on diversional therapy.

**Methods:** The quantitative approach was adopted for the study with a descriptive survey design. Research variables were psychosocial problems (depression, anxiety, loneliness and self-esteem) and happiness among elderly. The sample comprised of 100 elderly in Pul-Prahladpur, an urban area of Delhi selected through non-probability purposive sampling technique. House to house survey and face to face interview were used to collect data using a Structured Interview Schedule and standardized Oxford Happiness Scale.

**Results:** The data were analysed using descriptive and inferential statistics. Majority of the study subjects i.e. 65% were in the age group 60-70 years and 59% were females. 44% of them had moderate psychosocial problems. Anxiety was ranked 1<sup>st</sup>, depression was ranked 2<sup>nd</sup>, loneliness was ranked 3<sup>rd</sup> and low self-esteem was least prevalent out of all the other psychosocial problems. There was a significant negative relationship between the types of psychosocial problems and happiness.

**Conclusion:** The study findings revealed that females were more prone to psychosocial problems as compared to males. Majority of the elderly had anxiety followed by depression, loneliness and low self-esteem. Happiness was found more in males as compared to females.

**Keywords:** Elderly, Psychosocial Problems, Happiness

**Introduction**

Ageing population is one of the most discussed global

phenomena in the present century.<sup>1</sup> Apart from the physical changes that happen to the human body during the old age,

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there are other important psycho-social problems as well such as primarily derived isolation due to sadness, wilting due to solitude, long-term illnesses leading to inactivity, abandonment by the relatives, impotence etc.<sup>2</sup> Memory functioning, intellectual functioning, learning abilities, adaptation to the task of aging, socio-cultural aspects, sexual aspects, physical changes, economic status and dependency become the main psychosocial concern during old age.

A high prevalence of mental disorders is seen in elderly age. Predominant among these is depression. The Indian aged population is currently the second largest in the world. Community-based mental health studies have revealed that the point prevalence of depressive disorders among the elderly population in India varies between 13 and 25%. When they feel that they are neglected by their grown children or other family members, when they develop a “nobody loves me” complex, it is inevitable that they would be unhappy.<sup>3</sup>

The elderly citizens are in need of urgent attention. They do not need our pity but the understanding, love and care of their fellow human beings. It is our duty to see that they do not spend the twilight years of their life in isolation, penury and misery. The main aim of the study is, to understand the psychological and social problems faced by the elderly in family and thereafter to prepare a video on diversional therapy for elderly.

### Materials and Methods

The research approach selected for the study was quantitative approach with descriptive survey research design. Non-probability sampling technique was used for the selection of 100 elderly. Inclusion criteria included Elderly who were willing to participate, available at the time of data collection and who could understand hindi or english. The study excluded Elderly who were deaf, who were not having intact memory and are unable to converse coherently. The tool developed and used for data collection were a structured interview schedule for assessing psychosocial problems and a standardized Oxford Happiness Scale for assessing the happiness of elderly. A video on diversional therapy was also developed by the researcher based on the psychosocial problems faced by the elderly.

Reliability for Structured Questionnaire was computed by “cronbach alpha” and found to be 0.95. The duration data were collected from October, 2018 to November, 2018 of the study was one month.

The samples were visited only once to collect the data and around 20 minutes were spent on each sample. There were no dropouts. The study protocol was approved by Jamia Hamdard Institutional Review Board for Ethical Clearance and written informed consent was obtained from the subjects. The data obtained was tabulated in Microsoft Excel Spread Sheet and was analyzed in terms of objective of the study using descriptive and inferential statistics.

## Result

**Table I. Frequency and percentage distribution of demographic characteristics of elderly**

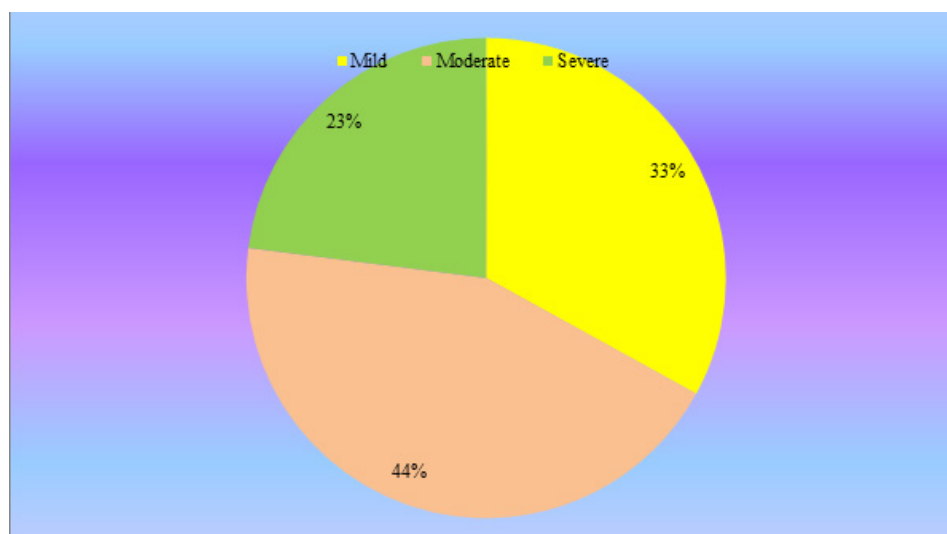
n=100

S. No.	Sample characteristics	Frequency (f)	Percentage (%)
1.	<b>Gender</b>		
	Male	41	41
	Female	59	59
2.	<b>Age in years</b>		
	60-70	65	65
	71-80	31	31
	81-90	4	4
3.	<b>Education</b>		
	No formal education	42	42
	Primary	31	31
	Secondary education	11	11
	Senior secondary	16	16
4.	<b>Employment status</b>		
	Private	10	10
	Self employed	20	20
	Retired	39	39
	Unemployed	31	31
5.	<b>Marital status</b>		
	Married	54	54
	Divorced/ separated	7	7
	Widow/widower	39	39
6.	<b>Number of children</b>		
	1-2	22	22
	3-4	28	28
	5-6	33	33
	above 6	17	17
7.	<b>Type of family</b>		
	Joint	13	13
	nuclear	87	87
8.	<b>Financial support</b>		
	From family	42	42
	Pension	40	40
	No support (Independent)	18	18
9.	<b>History of illness</b>		
	Yes	53	53
	No	47	47

**Table 2. Frequency and percentage distribution of elderly by depression, anxiety, loneliness and self-esteem with their rank order**

(n=100)

Type	Frequency (F)	Percentage (%)	Modified mean	Rank order
<b>Depression</b>				
Mild	30	30	1.96	2
Moderate	51	51		
Severe	19	19		
<b>Anxiety</b>				
Mild	22	22	2.121	1
Moderate	58	58		
Severe	20	20		
<b>Loneliness</b>				
Mild	38	38	1.92	3
Moderate	47	47		
Severe	15	15		
<b>Self esteem</b>				
Low	22	22	1.80	4
Medium	33	33		
High	45	45		

**Figure 1. Pie diagram representing the frequency distribution of psychosocial problems among the elderly****Table 4. Frequency and percentage of elderly by their category of happiness**

(n=100)

Category	Frequency (f)	Percentage (%)
Somewhat unhappy	41	41
Unhappy	29	29
Moderately happy	2	2
Rather pretty happy	14	14
Very happy	14	14

**Table 5. Karl Pearson's co-relation coefficient to establish the relationship between psychosocial problems and happiness among elderly**

(n=100)

Variables	Mean	Median	Mode	Standard deviation	Pearson's correlation coefficient (r)
Happiness	3.6816	3.3	2.7	0.98225	-0.67*
Depression	24.4	26	15	6.74	
Happiness	3.6816	3.3	2.7	0.98225	-0.71*
Anxiety	25.46	27	17	4.856361	
Happiness	3.6816	3.3	2.7	0.98225	-0.49*
Loneliness	17.32	16.5	15	3.299464	
Happiness	3.6816	3.3	2.7	0.98225	
Self esteem	14.41	14	10	3.9951	-0.58*

\*.r = (98) 0.195; P ≥ 0.05 significant at 0.05 level.

**Table 6. Association of psychosocial problems with demographic characteristics of elderly**

Variables	Psychosocial problems n=100			d.f	Chi-square with yate's correction
	Mild	Moderate	Severe		
<b>Gender</b>					
Male	26	15	0	2	34.932*
Female	6	30	23		
<b>Age in years</b>					
60-70 years	22	34	8	4	15.958*
71-80 years	10	7	15		
81-90 years	0	4	0		
<b>Education</b>					
No formal education	5	20	17	6	51.873*
Primary education (1-5 <sup>th</sup> std)	6	19	6		
Secondary education (6-10 <sup>th</sup> std)	5	6	0		
Higher sec. education (11-12 <sup>th</sup> std)	16	0	0		
<b>Employment status</b>					
Private	0	9	1	6	44.768*
Self employed	10	5	5		
Retired	22	17	0		
Unemployed	0	14	17		
<b>Marital status</b>					
Married	27	26	1	4	40.378*
Divorced/ separated	0	0	7		
Widow/ widower	5	19	15		
<b>Number of children</b>					
1-2	16	6	0	6	27.968*
3-4	11	12	5		
5-6	5	15	13		
Above 6	0	12	5		

Type of family					
Joint	0	8	5	2	5.113
Nuclear	32	37	18		
Financial support					
From family	5	15	22	4	37.09*
Pension	22	18	0		
No support (Self-dependent)	5	12	1		
History of medical illness					
Yes	11	29	13	2	5.686
No	21	16	10		

Chi square<sub>(2)</sub>=5.99, Chi square<sub>(4)</sub>=9.48, Chi square<sub>(6)</sub>=12.59, (p<0.05).

**Table 7. Association of happiness with selected demographic characteristics of elderly**

(n=100)

Variables	Happiness					Df	Chi-square with yates' correction
	Somewhat Unhappy	Unhappy	Moderately happy	Rather pretty happy	Very happy		
<b>Gender</b>							
Male	11	9	2	3	16	4	26.72*
Female	29	17	0	13	0		
<b>Age in years</b>							
60-70	19	12	1	3	16	8	34.99*
71-80	21	10	1	13	0		
81-90	0	4	0	8	0		
<b>Education</b>							
No formal education	25	13	0	4	0	12	1.0772
Primary education (1-5 <sup>th</sup> std)	15	7	0	9	0		
Secondary education (6-10 <sup>th</sup> std)	0	6	2	3	0		
Higher secondary education (11-12 <sup>th</sup> std)	0	0	0	0	16		
<b>Employment status</b>							
Private	7	2	1	0	0	12	68.96*
Self employed	15	4	1	0	0		
Retired	0	7	0	16	16		
Unemployed	18	13	0	0	0		
<b>Marital status</b>							
Married	10	10	2	16	16	8	56.275*
Divorced/ separated	0	7	0	0	0		
Widow/ widower	30	9	0	0	0		
<b>Number of children</b>							
1-2	0	2	1	3	16	12	74.327*
3-4	9	8	1	10	0		
5-6	19	11	0	3	0		
Above 6	12	5	0	0	0		

<b>Type of family</b>							
Joint	4	5	0	4	0	4	3.283
Nuclear	36	21	2	12	16		
<b>Financial support</b>							
From family	20	17	1	4	0	8	47.133*
Pension	5	7	0	12	16		
No support (self- dependent)	15	2	1	0	0		
<b>History of medical illness</b>							
Yes	22	17	1	13	0		
No	18	9	1	3	16	4	21.572*

Chi square<sub>(4)</sub>=9.48, Chi square<sub>(8)</sub>=15.51, Chi square<sub>(12)</sub>=21.03, (p<0.05).

According to the results shown in Table 5, it is found that there are strong negative relationships between different types of psychosocial problems and happiness which are found to be statistically significant at 0.05 level of significance.

Findings related to psychosocial scores with gender, age, education, employment marital status, number of children and financial support are found to be significantly associated with psychosocial scores at 0.05 level of significance (Table 6).

Findings related to association of happiness scores with gender, age, employment, marital status, no. of children and financial support and history of illness is found to be significantly associated at 0.05 level of significance (Table 7).

## Discussion

The findings of this present study are similar with the study conducted by Kumar P<sup>4</sup>, on depression and anxiety among the elderly persons from institutional and non- institutional settings. They found that overall prevalence of anxiety was 93.8% and depression was 66.1%, among the study population. The results of present study are also similar to the above study in which maximum subjects were having anxiety (58%) followed by depression (51%) among the study population.

The findings of this present study are similar with the study conducted by Chowdhury A, Rasania S<sup>5</sup>, who conducted a cross-sectional community-based study among the 250 elderly living in Delhi to study the prevalence of psychiatric disorders. Based on their findings, depression (23.6%), and anxiety disorders (10.8%) were the most common psychiatric disorders in the elderly. The results of the present study are also in accordance with the above study in which anxiety (58%) and depression (51%) were found to be the most common psychological problems.

The findings of the present study related to happiness is similar to the study conducted by Babak M et al.<sup>7</sup> to

determine happiness status and examine the relationship between happiness and some variables among Iranian elderly. The results indicated that there was a significant relationship between happiness and some socio-demographic characteristics such as age , educational level, contributed to the positive feeling in the perception of happiness in the elderly. Thus, adopting programs to increase happiness in the elderly could be useful as one of the strategies to improve all dimensions of health such as physical, mental, and social. The finding of the current study related to happiness also concluded that there is a significant association of happiness with the demographic variables.

The findings of the present study related to happiness is similar to the study conducted by Sumngern C et al.<sup>8</sup> to assess the levels of happiness perception in the elderly in different regions, and determine the reasons affecting it. The Thai Happiness Indicators were used in this study of 306 participants in the age group of 60 years and more of different regions namely rural, suburban, and urban. The 12.4% elderly perceived their happiness as good, 37.9% as fair, and 49.7% as poor. The findings of the present study also reveal that 70% elderly had poor happiness that means that they were unhappy.

## Conclusion

The study revealed that the elderly has psychosocial problems. They experience anxiety, depression, and loneliness and have low self-esteem. Also, their level of happiness was low. The researcher has developed a video on diversional therapies for elderly which could help them overcome these psychosocial problems and keep them engaged in productive activities so that they feel happier and more contented. A 4.36 minutes video was developed on therapies like cooking, spirituality, exercises, gardening, knitting, sewing, tutoring, playing, watching TV, talking to others with its individual benefits for the elderly (<https://youtu.be/OfOIL2rq8YE>).

**Conflict of Interest:** None

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