

# Psychological and Physiological Challenges and Coping Mechanisms among Elderly Residents of Godhadi Wala Baba Old Age Home, Jalgaon

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**Abstract:** *This study investigates the psychological and physiological problems faced by elderly residents of the Godhadi Wala Baba Old Age Home in Jalgaon, alongside their coping strategies. Utilizing a descriptive survey approach, the study involved 60 participants 30 male and 30 female and employed structured interviews and checklists. Findings reveal that a significant portion of the elderly engage in healthy coping mechanisms, while a smaller group lacks such strategies. This research contributes to understanding the nuanced experiences of the elderly in institutional settings and the effectiveness of their coping methods.*

**Keywords:** Elderly, Psychological Challenges, Physiological Problems, Coping Strategies, Old Age Home

## 1. Introduction

India is the second largest population of the elderly (60+) in the world. With the increase in life expectancy, the size of the geriatric population in India has gone from 20 million in 1951–100 million (8.3%) in 2014 and the number rises to approximately 130 million by 2021.

Ageing is the process of becoming older. It is usually associated with dynamic changes in the biological, psychological, physiological, environmental, behavioural and social processes.

In humans, ageing represents the accumulation of changes in a human being over time and can encompass physical, psychological, and social changes. Reaction time, for example, may slow with age, while memories and general knowledge typically increase. Ageing increases the risk of human diseases: of the roughly 150, 000 people who die each day across the globe, about two - thirds die from age - related causes

There are multiple ways to define ageing. Functional age measures age by capability and considers social, psychological, and physiological age. Chronological age is based on the calendar year, from an individual's birth date to death date. The processes and performance decline and bodily structure changes typical to chronological age. Mortality can be used to define biological ageing, an organism's increased rate of death as it progresses throughout its life cycle.

Old people are like old trees which will not give us fruit but shades which are their blessings. In India 7.5% population belong to age group above may projected to rise to 12.4% of population by the year 2026. There is sharp rise in age - specific death rate of 20/1000 persons in the age group of 60 - 64 years, 80 among 75 - 79 years and 200 for persons aged more than 85 years. An old age home is usually the place, for old people who have no one to look after them or those who have been thrown out of their homes by their children. The place is of course like home where the

inmates get all the facilities for a routine living, like food, clothing, and shelter. Parents play an important role in our lives. They brought up their children despite of having so many socio - economic difficulties. They fulfil our every demand & never complain for anything. In return it's our duty to give respect, love & care to them. This concept of separating the elders from the youngsters has been imported into India from the West. At least in India till now, the old people staying away from the home, from their children, or left to themselves is not considered to be a very happy situation. This is the reason why old age homes are increasing in India. The problems associated with old people to neglect from their children are lack of income, untreatable physical and psychological problem. So, the old people will feel on helplessness, lonely, hopelessness. People favouring old age homes justify their decisions with several points. They say that the presence of old parents at home is too much trouble. There is no room for privacy. They have constantly tended to them when they are sick. Bringing friends home becomes embarrassing. Going on a holiday becomes an impossible reality. So many problems just to have elderly parents around.

## 2. Review of Literature

The literature reviewed for present study has been organized and presented under the following headings.

- 1) Literature related to institutionalization of the elderly.
- 2) Literature related to psychological problems of elderly.
- 3) Literature related to adjustment and coping of aged individuals.

*Pilkington FB. (2005)* conducted a study in Canada on grieving loss of elders residing in an institution. This phenomenological - hermeneutic study was an inquiry into the lived experience of grieving a loss. Participants were 10 elderly persons residing in a long - term care facility. The study finding specifies the structure of the lived experience of grieving a loss as aching solitude amid enduring cherished affiliations, as serene acquiescence arises with sorrowful curtailments.

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**BettyL. Chong (1998)** conducted a study on generalized expectancy, situational perception and morale among institutionalized elderly. An interview schedule was administered individually to 30 residents aged 65 to 69 years in four skilled nursing facilities. Congruence between internal orientation and self-determined situational control of daily activities resulted in higher morale than in congruence. However, congruence between external orientation and other determined situations resulted in lower morale than in congruence.

**Cyriac Jessy (1998)** conducted a study to assess the perceived opinion of the elderly residing in an old age home towards their residential environment in a selected old age home at Mangalore. Data was collected from 50 sample through structured interview schedule. Results revealed that the elderly residing in old age home have positive opinion towards the residential environment.

**Hendricks et al (1997)** conducted a study in 255 elderlies about social relationship in homes for aged. He found that initiative from older persons and from others i. e., family, staff or even other residents interact in a complex fashion to shape the interpersonal world of the older residents. With regard to age, older respondents were found to be alone, to have fewer casual friends, and to engage in solitary activities, more than the younger respondents. They were also lonelier and reported lack of friends more often. Yet they preferred to do things alone more than with other people.

**Seigal (1993)** in his study analysed U. S census data to determine that the residents of geriatric home get from their relatives in relation with the length of stay. In the non-institutionalized population, the need for assistance in using the toilet is 2.5%, which is high when compared to institutionalized elderly. The study also revealed that there was a decrease in global happiness of the geriatric home residents compared to the community residents.

**Anuradha B. R. (2004)** conducted a study on life satisfaction in relation to social interaction and loneliness among the elderly. The relationship between life satisfaction, social interaction and loneliness among the elderly was investigated. Data were collected from both rural and urban areas of Bangalore District. Using semi-structured interview schedule and questionnaires, 338 subjects were assessed on relevant variables. Results show that social interaction is a major source of life satisfaction among the elderly. Male - female and rural - urban differences on all the variables were noticed. Results showed that social interaction is a major source of life satisfaction among the elderly. This study clearly indicated that the quality of the life for the elderly is in large part depend on the nature of their relationship with their family and friends.

**Kishore, S (1997)** conducted a study on socio-medical problems of aged population in rural area of Wardha District. The study population included both males and females above the age of sixty years. Total village population was approximately 10, 000 out of which geriatric population represented 600 individuals comprising

of 330 females and 270 males, there were widows and widower.

**Rao SS et al (2014)** a cross sectional, comparative study conducted where the elderly adults, The total sample size was 100 of whom 50 were residing in the community and 50 stayed in old age home, 50 each in both groups, were selected by random sampling and assessed on GHQ, MMSE, MINI, PSLES, CCL, SF - 36. Results: Psychiatric morbidity was more in OAH (30%) than community (16%). Cognitive impairment was found in 20% of OAH inmates, 18% of community. There were more of stressful life events in OAH (2.21) than community (1.1). Inmates of OAH used emotion focused coping strategy, subjects of community used emotion and problem focused coping strategy. Medical morbidities are more in OAH (100%), than community (84). Quality of life was better in community than OAH. It concludes that Psychiatric, medical morbidity was more in old age homes than community, possibility of a drift of mentally and physically ill elderly in to OAH to be considered.

**Nadab Parshad et al (2014)** explored study on differences in depression, anxiety, coping and quality of life between elderly residing in old age homes and within family setup. It was predicted that elderly in old age homes will have higher depression, anxiety and poor quality of life however no difference on coping was predicted between the two groups. A sample of 120 elderly: 60 from old age homes and 60 from family setup participated. The measures used were: Pakistan Anxiety and Depression Questionnaire, Brief COPE Inventory and World Health Organization Quality of Life Questionnaire. Data was analysed using independent sample t - test. Results revealed high scores on depression, anxiety and quality of life among elderly residing in old age homes compared to elderly living with their families. Moreover, elderly living in old age home used more of maladaptive coping and elderly living with families used more of adaptive coping strategies.

**Couture Melanie et al (2004)** conducted a study on psychological distress in older adults with low functional independence: A multidimensional perspective in Research centre on Aging; Canada. It was conducted in 150 individuals aged 60 years and over with low functional independence. This study aimed at exploring the relationships between psychological distress and socio-demographic, clinical and psychosocial variables in the elderly who experienced a loss in functional independence. The result indicates that a person with high psychological distress uses more escape/ avoidance strategies, is less functionally independent and perceives less social support.

**Pargament KI, et al (2004)** conducted a longitudinal study on religious coping methods as predictors of psychological, physical and spiritual outcomes among medically ill elderly patients in USA. A total of 268 medically ill, elderly, hospitalized patients responded to measures of religious coping and spiritual, psychological and physical functioning at baseline and follow-up two years later.

### 3. Problem statement

Psychological and Physiological Challenges and Coping Mechanisms Among Elderly Residents of Godhadi Wala Baba Old Age Home, Jalgaon

### 4. Objectives of the study

- 1) To assess the physiological and psychological challenges Among Elderly Residents of GodhadiWala baba old age home, Jalgaon.
- 2) To Assess the Coping Strategies Among Elderly Residents of GodhadiWala baba old age Home, Jalgaon.

### 5. Hypothesis

Hypothesis generating study

### 6. Methodology

**Research approach** - A qualitative evaluative research approach is used in the study.

**Research design:** A non - experimental descriptive research design with survey approach was used for study.

**Variables under study:** Demographic variables are essential factors that help the organisation in the determination of the target group.

**Setting:** Study was conducted in old age Home situated in Jalgaon

**Population:** In this study, the population includes Elderly Residents

**Target population** consists of Elderly Residents of Godhadiwala baba old age Home, Jalgaon.

**Accessible population:** Elderly Residents present at the time of data collection.

### Sample and sampling technique:

**Sample:** In the present study sample was Elderly Residents from old age home.

### Sample size:

The sampling size 60 Elderly Residents above the age above 60 years, Male - 30, Female - 30 residing in old age Home, who fulfil the set inclusion criteria.

**Sampling technique:** A non - probability purposive sampling technique.

### Inclusion criteria -

Elderly Residents included in the study those who are

- Willing to participate in Research Study.
- Residing at old age Home.
- Available at time of study.
- Read and write Marathi.
- Above 60years both male and female.

### Exclusion criteria -

Elderly Residents excluded from the study those who are

- having health issue at the time of data collection

### 7. Result

For the data analysis and interpretation, various methods have been used by researcher that are descriptive statistics were widely used. In that structured interview questionnaire and checklistis used for data collection. The analysis was done with the help of descriptive statistics.

The analysis of data is organized and presented under the following heading

#### Section I

Deals with analysis of demographic data of the Elderly Residents of godhadiwalababa old age home in terms of frequency and percentage.

**Table 1:** Frequency & percentage distribution of Elderly Residents of godhadiwalababa old age home in terms of frequency and percentage

Sr. No.	Variable	Groups	Frequency	Percentage (%)
1	Age	60 - 65	17	28.33%
		66 - 70	13	21.66%
		71 - 75	15	25%
		Above 76	15	25%
2	Gender	Male	30	50%
		Female	30	50%
		Transgender	00	00
3	Marital status	Married	28	46.66%
		Unmarried	5	8.33%
		Divorced	3	5%
4	Duration of stay	Widowed	24	40%
		1month - 5year	35	58.33%
		6 - 10 year	15	25%
		11 - 15year	8	13.33%
5	Number of children	Above 16	2	3.33%
		1 - 2 children	20	33.33%
		3 - 4 children	20	33.33%

		More than 4 children	00	00
		No children	20	33.33
6	Occupation before retirement	Government employee	12	20%
		Private employee	15	25%
		House maker	23	38.33%
		Any other	10	16.66%
7	Reason for staying in the old age home	Family migration	6	10%
		Change in the behavior of family members	21	35%
		Nobody to take care	18	30%
		Self	15	25%
		Any other	00	00
8	Educational status	Primary education	31	51.66%
		Secondary education	12	20%
		Graduation	10	16.66%
		Post - graduation	7	11.66%
9	Source	From other institution	4	6.66%
		Mass media	10	16.66%
		Relatives or family member	39	65%
		Any other	7	11.66%
10	Addiction	Smoking	7	11.66%
		Alcohol	5	8.33%
		Tobacco chewing	16	26.66%
		None	32	53.33%
11	Presence of any illness.	Diabetes mellitus	7	11.66%
		Hypertension	9	15%
		Kidney related disease	0	00
		None	44	73.33%
12	Economic source	Manage by self	12	20%
		Family	22	36.66%
		Relatives	19	31.66%
		Any other	7	11.66%

**Section II**

Section II comprises of analysis of data depending on the score. The psychological problems and physiological challenges are divided into mild, moderate and severe.

**8. Analysis of Data**

**Table 2:** Distribution of sample according to level of depression

Sr. no	Response	Score	Total	Percentage (%)
1	Mild	0 - 6	18	30
2	Moderate	7 - 12	33	55
3	Severe	13 - 18	9	15

Findings shows that out of the 60 sample Severe depression is seen in 9 (15%) of people, 33 (55%) of people had moderate depression and 18 (30%) people had mild depression.

**Table 3:** Distribution of sample according to level of anxiety

Sr. no	Response	Score	Total	Percentage (%)
1	Mild	0 - 2	30	50
2	Moderate	3 - 5	19	31.66
3	Severe	6 - 8	11	18.33

The findings show that out of the 60 sample 11 (18.33%) people had severe anxiety, 19 (31.66%) people had moderate anxiety, and 30 (50%) people had mild anxiety.

**Table 4:** Distribution of sample according to level of loneliness

Sr. no	Response	Score	Total	Percentage (%)
1	Mild	0 - 5	15	25
2	Moderate	6 - 10	37	61.66
3	Severe	11 - 16	8	13.33

The findings show that out of the 60 sample 8 (13.33%) people were having severe loneliness, 37 (61.66%) people had moderate loneliness, and 15 (25%) people had mild loneliness.

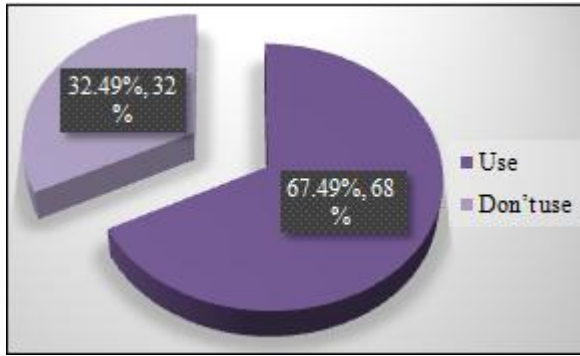
**Table 5:** Distribution of sample according to level of somatic disorder

Sr. no	Response	Score	Total	Percentage (%)
1	Mild	0 - 6	20	33.33
2	Moderate	7 - 12	37	61.66
3	Severe	13 - 18	3	5

The research findings show that out of the 60 sample 3 (5%) People were having severe somatic disorder, 37 (61.66%) people had moderate somatic disorder, and 20 (33.33%) people had mild somatic disorder.

**Section III  
Coping Strategies**

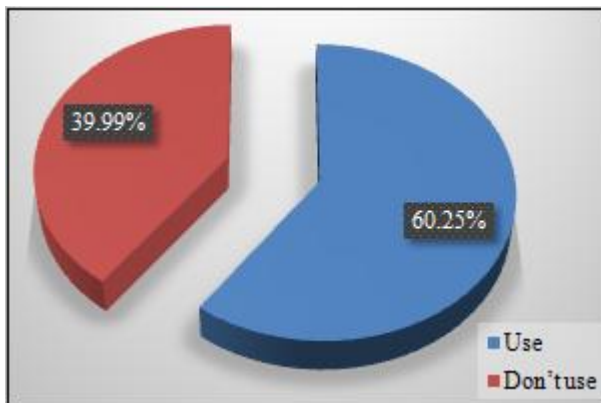
**Healthy coping strategy**



**Figure 1:** Pie graph showing distribution of sample according to Healthy (positive) coping strategy

The study shows that 67.49% people using healthy coping strategies like spending time chatting with other, share memories of past with other, Reading, Watching TV, keep busy with prayer, participate in routine activity such as cooking, washing, cleaning but 32.49% of people don't use healthy coping strategies.

### Unhealthy Coping strategies



**Figure 2:** Pie graph showing distribution of sample according to unhealthy (Negative) coping strategy.

The unhealthy coping strategies are used by 60.25% people. the unhealthy coping strategy are, try to isolate from others, Cursing the family member, Not talking with any one, shouting at others, neglecting others, doing harm to others, avoid to meet visitors. 39.99% of people don't use unhealthy coping strategies. This indicates that Elderly Residents staying in Godhadiwala baba old age home having positive attitude towards acceptance of old age problem.

## 9. Discussion

The findings of the study have been discussed with reference to the objectives and the assessment of physical problems, psychological challenges and coping strategies used by Elderly Residents who included in the study and with other studies.

The findings are discussed under the following subheadings

- Demographic characteristics of Elderly Residents
- Level of depression, anxiety, loneliness and somatic disorders.
- Percentage of healthy and unhealthy coping strategies used.

### Demographic characteristics of the Elderly Residents

Findings related to samples characteristics

- Most of the samples 28.33% were in the age group of 60 - 65 yrs.
- Samples taken were 50% males and 50% females.
- Majority of the samples were married 46.66% and 40% samples are widow.
- Maximum percentage 58.33% of samples has recently joined Godhadiwala baba old age home 1 month - 5 yrs.
- Total samples had 33.33% of 1 - 2, 3 - 4, no children.
- Majority of samples 38.33% were housemaker, 25% samples were private employees, 20% samples were government employees and 16.66% samples were from any other group.
- Majority of the samples reason for staying in the old age home is 35% have changes in behavioral pattern of family members.
- Majority of the samples 51.66% educational status were primary education.
- Majority of samples got information of the Godhadiwala baba old age home from 65% relatives and family members.
- Maximum percentage of people has 53.33% no addiction.
- Maximum percentage of people 73.33% of people has no any illness.
- Majority of samples 36.66% have economical source from family.

### Level of depression, anxiety, loneliness and somatic disorders.

Findings related to samples psychological and physiological challenges

### Level of depression among the Elderly Residents

Majority of the Elderly Residents 55% moderate depression, 30% had mild depression and 15% had severe depression.

### Level of anxiety among Elderly Residents

Majority of Elderly Residents 50 % had mild anxiety, 31.66% had moderate anxiety and 18.33% had severe anxiety.

### Level of loneliness among Elderly Residents

Majority of Elderly Residents 61.66% had moderate level of loneliness, 25% had mild loneliness, 13.33% had severe loneliness.

### Level of somatic disorders among Elderly Residents

Majority of Elderly Residents 61.66% had moderate somatic disorders, 33.33% had mild somatic disorders and 5% had severe somatic disorders.

### Percentage of healthy and unhealthy coping strategies used.

Findings related to samples coping strategies

### Percentage of healthy coping strategy

67.49% of Elderly Residents use healthy coping strategy and 32.49% do not use the healthy coping strategy.

**Percentage of Unhealthy coping strategy**

60.25% of Elderly Residents don't use unhealthy coping strategy.

39.99% of Elderly Residents use unhealthy coping strategy.

**10. Conclusion**

The study concludes that a majority of the elderly residents in the Godhadi Wala Baba Old Age Home utilize healthy coping strategies to deal with psychological and physiological challenges. This finding underscores the importance of encouraging positive coping mechanisms among the elderly in similar institutional settings. Future research should explore the factors contributing to the adoption of these strategies to further support the mental and physical well-being of the elderly.

**11. Future Scope****Nursing Practice**

Nurses are key personnel of a health team, who play a major role in the health promotion and maintenance, nursing is a practicing profession, so the investigator, generally integrates findings in to practice. Nurses are uniquely qualified to bring information on psychological, physiological problems and coping strategies of Elderly Residents. Nurses especially have a huge responsibility to begin addressing the psychological, physiological problems and coping strategies of Elderly Residents because it will have a vast impact on the nursing profession.

**Nursing Education**

Its emphasis that adequate knowledge owned by the nurses may help to update themselves on the recent advancements, which in turn helps the nurses to give health education for people who are seeking medical care and in the community. The student nurses from schools and colleges of nursing should be encouraged to attend workshops and seminars regarding psychological and physiological challenges and coping strategies of Elderly Residents

**Nursing Administration**

Staff development program in any organization is the prime responsibility of the nurse administrator. Support the current scientific evidence from research conducted by health institutes, higher education institutes and documents which showing the importance of knowledge regarding psychological and physiological challenges of Elderly Residents to improve coping strategies in Elderly Residents and advance the nursing profession through the development and support of prevention programs for various psychological and physiological challenges.

**Nursing Research**

Nursing research is the means by which nursing profession is growing. There is a need for extended and intensive nursing research in the area of knowledge regarding psychological and physiological challenges of Elderly Residents for students and society to improve their knowledge for better service. The research design, findings and the tool can be used as avenues for further research. This study will serve as a valuable reference material for future investigators.

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