

Dementia, Psychological Wellbeing, and Life Satisfaction among Old People Staying in Vrudhhashram and Old People Staying with Family

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Abstract:

Old age is the most critical period of life. Old people lose their physical and mental health gradually. Dementia level, Psychological wellbeing and attitude about life satisfaction are affected gradually with old people. Living place patterns, that is old people living in Vrudhhashram and old people living with their family, greatly affect the Dementia level, Psychological Wellbeing and Life Satisfaction.

To clarify the assertion, MMSE (a measure of dementia), Psychological Wellbeing Scale was used to assess Mental Health, and Life Satisfaction Scale was used to measure Life Satisfaction with 30 old people Staying at Vrudhhashram and 30 people staying with their family members; the two situations were selected and compared. Old people staying at Vrudhhashram were found more impaired on Cognitive abilities (on dementia), poor Mental Health (poor Psychological wellbeing) and low level of Life satisfaction than old people living with their Family. Beside group differences, association between variables were tested by using Pearson correlation. Dementia vs. Psychological Wellbeing, Dementia vs. Life Satisfaction were found positively correlated.

Key words: Dementia, Psychological wellbeing, Life satisfaction, People living in Vrudhhashram, People living with their Family.

1.1 Introduction:

Man is a social animal and he lives in the family -the family is a

basic unit of society. Traditionally, in most of the societies, particularly in Indian culture, there is a Joint Family structure. In joint family, a person stays with parents and grandparents, wife, offspring, and nearest relatives.

Due to industrialization and modern life style value systems, people prefer to stay in nuclear family, where the man stays with his wife and offspring and his parents and grandparents stay in Vrudhhashram. Old people staying with their family members receive love, respect, and power in the family but old people living in Vrudhhashram miss these advantages and experience more stress, which affects their mental health.

The people living in Vrudhhashram may not receive medical assistance and caring, which leads to greater level of dementia, feeling of loneliness and emptiness. They also get irritated easily and experience greater anxiety and depression than old people living with their family. Old people staying with family may also have some problems like greater conflict, loss of prestige and power and so on.

Dementia:

Dementia is a term used for the Cognitive Impairment due to the deterioration of brain cells which happens as consequence of ageing or mental stress or traumatic injury to the brain. This brain disorder or damage mainly effects on the memory, language skills, decision making, judgment, problem solving ability, understanding the problems. The Alzheimer 's disease, Parkinson Disease are common diseases which cause Dementia.

Psychological Wellbeing:

The Psychological Wellbeing is a subjective concept which commonly describes the mental state of the individual. The Well Being indicates the happiness, satisfaction, sense of achievement, utility, belongingness and the absence of dissatisfaction, worry and distress in the individual.

Life Satisfaction:

The term Life Satisfaction suggests the mental satisfaction which is felt by an individual throughout their lifespan. Life satisfaction contains the feeling of happiness and arousal, with the absence of stress, anxiety, and tension in the whole life.

1.2 Statement of the Problem:

To Study the Dementia, Psychological Well Being and Life Satisfaction among old people Staying in Vrudhhashram and old people staying with family.

1.3 Rationale of the Study:

Living Pattern for old people that is, living at Vrudhhashram and living with their Family, greatly influences old people's mental and physical health. Hence to study the impact on old people's Dementia level, Psychological wellbeing and Life satisfaction is fruitful to the study.

1.4 Significance of Study:

The study of staying pattern of old people that are staying in Vrudhhashram, affected by mental health, cognitive impairment (Dementia), Stress and depression, is fruitful and useful for the counselor, policy makers, and government and social organizations. The study underlines the necessity to think and tackle old people's psychological problems so that they can be understood sensitively. It is advisable to make a proper policy decision and counselor can counsel effectively the concerned person. This study will throw light on the vrudhhashram staying impact on old people and overall psychological problems of old people.

1.5 Objectives of the Study:

1. To compare the difference on Dementia among Old age People Staying in Vrudhhashram and Old age People Staying with Their Family.

2. To compare the difference on Psychological Wellbeing among Old age People Staying in Vrudhhashram and Old age People Staying with Their Family.
3. To compare the difference on Life satisfaction among Old age People Staying in Vrudhhashram and Old age People Staying with Their Family.
4. To see the association between Dementia and Psychological Wellbeing amongst Old People Staying in Vrudhhashram and Old People Staying with Their Family.
5. To see the association between Psychological Wellbeing and Life Satisfaction amongst Old People Staying in Vrudhhashram and Old People Staying with Their Family.
6. To see the association between Life Satisfaction and Dementia amongst Old People Staying in Vrudhhashram and Old People Staying with Their Family.

2.

Old People's problems, particularly old people living in Vrudhhashram, have been studied by many researchers. Many researchers studied problems of dementia, their life Satisfaction and Mental State (Psychological wellbeing).

St John and Montgomery (2010) have studied the quality of life in dementia in clinical settings. There is less population-based research on life satisfaction and cognition.

Those with dementia and CIND had lower LS than those with normal cognition, but the effect was relatively small. There was a gradient in LS which extended into the normal range of cognition. Depressive symptoms and functional status were strongly associated with LS.

Cognition is associated with LS, but the effect is fairly small. Most older adults are satisfied with life.

Volicer et al. (1999) studied and evaluated the psychological well-being among persons with an advanced dementia, primarily dependent on verbal and non-verbal cues and behaviors that are observed and interpreted by others. The

purpose of the present study was to determine how many components of psychological well-being can be measured. Fifty-seven individuals who were institutionalized for advanced dementia and exhibited agitation or withdrawal were evaluated by direct observations and by interviews with nursing home staff. Engagement was measured by the Lawton Positive Affect scale, visual analog scale, and reported degree of patient's interest in the environment. Mood was measured by a global indicator of mood interpreted from facial expression and two mood items from the Multidimensional Observation Scale for Elderly Subjects. Agitation was measured by a visual analog scale and by the Short Form of the Cohen-Mansfield Agitation Inventory. Correlation analyses and multidimensional scaling provided evidence for three dimensions of psychological well-being: engagement-apathy, happy sad mood, and calm-agitation. Evaluation of these three dimensions is important for measuring quality of care in long-term care settings and for determining effectiveness of therapeutic interventions.

Te Boekhorst, Depla, De Lange, and Pot (2009) investigated the effects of group living homes on quality of life and functioning of people with dementia.

Group living homes had some beneficial effects on its residents, but traditional nursing homes performed well, too. Possible study limitations included the baseline differences between the study groups and the use of different informants on T0 and T1. Future nursing home care may very well be a combination of the best group living care and traditional nursing home care have to offer.

3. Methodology:

Between group design and Correlation Method is used for the present study.

- Living Pattern, staying in Vrudhhashram or Staying with family.

- Dementia, Psychological Wellbeing, Life satisfaction.

3.1 Operational definitions:

Dementia: Dementia is a decline in mental ability which affects memory, thinking, problem-solving, concentration and perception. Dementia occurs as a result of the death of brain cells or damage in parts of the brain that deal with our thought processes.

Psychological wellbeing: The Psychological wellbeing is a degree of wellness in a person's stress control, somatic condition, self-esteem, positive affect, satisfaction, personal control, social support, and general efficiency.

Life Satisfaction: Life satisfaction is the way a person perceives how his or her life has been and how they feel about where it is going in the future. It is a measure of well-being and may be assessed in terms of mood, satisfaction with relations with others and with achieved goals, self-concepts, and self-perceived ability to cope with daily life.

Staying in Vrudhhashram Pattern of Living: The old people above 60 years admit with same conditioned age group of people voluntarily or due to childless parental status, family problems, self-separation or keep their freedom, or not having the child, live in a common apartment with same conditioned people.

Staying with Family Pattern of Living: The old people above 60 years admit to stay with their spouse, son, daughter-in-law, and grand children in their own home.

3.2 Hypothesis:

- There is no difference on Dementia among old people staying at vrudhhashram and staying with Family.
- There is no difference on Psychological wellbeing among old people staying at vrudhhashram and staying with Family.
- There is no difference on Life satisfaction among old people.
- Dementia and Psychological Wellbeing are associated amongst old people.
- Psychological Wellbeing and Life satisfaction are associated amongst old people.
- Life satisfaction and Dementia are associated amongst old people.

3.3 Sample:

A total 60 old people have been selected - 30 old people staying in Vrudhhashram and 30 old people staying with family. The details of the samples is as follow.

| Group | Staying in Vrudhhashram | Staying with Family |
|--------|-------------------------|---------------------|
| Males | 21 | 17 |
| Female | 09 | 13 |
| Total | 30 | 30 |

3.4 Tools:

Mini Mental Status Examination (MMSE):

This is a tool developed by M Folstain in 1975. It is a screening instrument which gives a brief assessment of an individual's orientation to time and place, recall ability, short memory, and arithmetic ability. It is widely used in researches, to assess the cognitive ability the sample.

There are 30 items, each item contains one score. Maximum score is 30 minimum is 1. In most of the tests reliability is 0.80. It also shows a high validity in the test.

Psychological Well Being Scale:

This is a test developed by Dr. Devendra Singh Sisodia and Ms. Pooja Chaudhary, which measures the well being of the person. Basically it is a five point Likert type scale, which rely over angriness of the individual. i.e. Strongly agree to Strongly disagree. In this test there are 50 items which are divided into 5 facets of wellbeing. Each facet have 10 questions in it. The test is Highly Relabeled as Test Retest 0.87. and the Validity is 0.94.

Life Satisfaction Scale:

This scale of Life Satisfaction is developed by Dr. Q.G. Alam and Dr. Ramji Srivastava and comprises sixty items related to six areas of life. There are items in the form of Yes/No. This test is highly reliable by test retest method which is 0.84, and it shows a good validity as 0.74.

Procedure:

With prior permission of Vrudhhashram Managers and individuals, a set of questionnaire presented Containing MMSE, PWBS, LSS with personal memorandum introduced to old people. Individuals first filled the memorandum and then the set of Questionnaire is filled individually. The same procedure is followed to Family living people also.

Statistical analysis:

To test the Group differences 't' test is applied and to see the association Pearson correlation is applied.

4.1 Tables of Results:

1. Comparison between Old People Living at Vrudhhashram and Old People Living at Home on Dementia.

***P<0.05 Level.**

| Variable | N | 'r' value |
|------------------------------|----|-----------|
| Entire Sample of Old People. | 60 | 0.53 |

2. Comparison between Old People Living at Vrudhhashram and Old People Living at Home on Psychological Wellbeing.

| Group | N | Mean | SD | 't' Score |
|------------------------------|----|-------|-------|-----------|
| People Lives in Vrudhhashram | 30 | 23 | 4.412 | 4.326 |
| People Lives With Family | 30 | 27.66 | 1.955 | |

***P<0.05 Level.**

3. Comparison between Old People Living at Vrudhhashram and Old People Living at Home on Life Satisfaction.

***P<0.05 Level.**

| Group | N | Mean | SD | 't' Score |
|-----------------------------------|----|---------|--------|-----------|
| Old People Lives in Vrudhhashram. | 30 | 180.366 | 19.278 | 17.722 |
| Old People Lives With Family. | 30 | 223.566 | 13.258 | |

4. Correlation between Dementia vs Psychological Wellbeing among old people

| Group | N | Mean | SD | 't' Score |
|-----------------------------------|----|--------|-------|-----------|
| Old People Lives in Vrudhhashram. | 30 | 43.366 | 5.221 | 2.431 |
| Old People Lives With Family. | 30 | 44.833 | 2.595 | |

***P<0.05 Level.**

5. Comparison between Psychological Wellbeing vs. Life satisfaction among old People.

| Variable | N | 'r' value |
|------------------------------|----|-----------|
| Entire Sample of Old People. | 60 | 0.37 |

***P<0.05 Level.**

6. Comparison between Life satisfaction vs. Dementia among Old People.

| Variable | N | 'r' value |
|------------------------------|----|-----------|
| Entire Sample of Old People. | 60 | 0.04 |

***P>0.05 Level.**

Not significant

4.2 Result Analysis and Interpretation

Dementia is a common old age problem due to the increase in life span, increased life expectancy. Nowadays most of the people above age of 70 commonly have a problem of Geriatric Disease like Alzheimer's Disease, Parkinson's syndrome, Pic's Disease, and Life Event Stress - these are the common problems associated with Dementia.

Living Pattern in Old Age is also one of the Stressful factor since being associated with Dementia.

In Indian culture, previously parents and grandparents used to live in joint family but in modern days, due to urbanization and modernization, some of the old people have to stay in vrudhhashram. It is almost due to family conflict, rejection of their son and daughter-in-law that they have to stay away from family which is much more stressful due to our traditional culture norms. Hence old people staying in vrudhhashram experience more degrees of dementia. Their

Mental State is also hampered so their psychological well being and even satisfaction about life decrease.

Through the present study, the researchers tried to verify the above assertion and tried to throw light on the issue. So the harmful effect of living in vrudhhashram is highlighted.

Referring to table 1, the 't' value, 4.326 ($P < 0.05$), indicates that there is a significant difference between Vrudhhashram Living People and Family Living People with respect to their Dementia level. So the Null Hypothesis has been rejected, which shows that there is a low chance of dementia in Family Living Old People.

Referring to table 2, the 't' value, 17.722 ($P < 0.05$) indicates that there is a significant difference between Vrudhhashram Living People and Family Living People with respect to their Psychological Wellbeing level. So the Null Hypothesis has been rejected. Which shows that there is a High Level of Psychological Well being in Family Living Old People.

Referring to table 3, the 't' value, 2.431 ($P < 0.05$) indicates that there is a significant difference between Vrudhhashram Living People and Family Living People with respect to their Life Satisfaction level. So the Null Hypothesis has been rejected, which shows that the People Living at Home are more satisfied with their life.

Referring to table 4, the r value, 0.53 ($P > 0.05$) indicates that there is a significant correlation between Dementia and Psychological Wellbeing amongst Old People. The correlation shows that the old people who have a higher degree of Dementia are less psychologically wellbeing.

Referring to table 5, the r value, 0.37 ($P < 0.05$) indicates that there is a significant correlation between Psychological Wellbeing and Life Satisfaction amongst Old People. The correlation shows that if the person is psychologically well being, he/she may have a good Life Satisfaction also.

Referring to table 6, the r value, 0.04 ($P > 0.05$) indicates that there is not a significant correlation between Life

Satisfaction and Dementia amongst Old People, that if the person is having Dementia, it is not necessary that the person might have a good Life Satisfaction.

5.1 Conclusion:

1. Old People living with their Family have milder degrees of Dementia than Old People Living in Vrudhhashram.
2. Psychological Wellbeing is better among Old People Lives in Family than Old People Living in Vrudhhashram.
3. Life Satisfaction is better among Old People Living in Family than Old People Living in Vrudhhashram.
4. Dementia and Psychological Wellbeing are Positively associated amongst Old People.
5. Psychological Wellbeing and Life Satisfaction are positively associated amongst Old People.
6. Dementia and Life Satisfaction is not associated amongst Old People.

5.2 Limitations

1. The sample size is small, so generalization has restrictions.
2. Age, Health and other Psychological factors of old People need to be controlled.
3. Due to the use of Paper-Pencil Tests this study is also not free from certain limitations of Paper-Pencil tests.

5.3 Suggestions:

1. Besides Living Patterns, other factors of Dementia need to be further studied.
2. Old age problems need to be studied extensively.
3. Problems of Vrudhhashram Living People need to be studied.
4. Other variables, like age and health, need to be controlled.

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