Development of a Group Based Adaptation Skills Training Programme for the Senior Citizens Living in Old Age Homes

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Method Article

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Abstract

Need for more old age homes are increasing day by day. Living in an institution demands specific adjustment skills to cope up with the problems. This study aims to develop and test the feasibility of group based adaptation skills training programme for the inmates of old age homes to ensure their wellbeing. The major objectives 1) to study the psychosocial needs and concerns of senior citizens living in old age homes, 2) to develop a group based training programme for inmates of old age homes for enhancing their adaptation skills 3) to test the feasibility of the proposed programme in reducing adaptation difficulty, depression, anxiety and improving the wellbeing. The hypotheses of the study are group based adaptation skill training programme will reduce adaptation difficulty, depression and anxiety and improve well-being among elderly. Quasi-experimental research design will be used in this study. Simple random sampling method will be used in this study. Senior Citizens who live in 22 old ages homes of South zone Bengaluru are selected as population of the study. A male/female, who is 60 years and above living in old age home and with minimum physical and cognitive ability to understand and respond to the questions, which are asked in the interview will be included in the study. Screening will be done using Socio demographic data sheet and Montreal Cognitive assessment. Later the need assessment of senior citizen and collecting suggestions from staff will be done using an in-depth interview schedule. Study would identify the co-therapists from the old age homes suggested by the authorities to support the programme. On the basis of need assessment and review of literature a module will be developed for the group based adaptation skills training programme. Further the experts in the geriatric field will validate the module in a focused group discussion. Then adaptation skill training programme will be provided to the experimental group and pre-and post-assessment (immediately after and three months after the completion of the programme) will be conducted using Geriatric Depression Scale, Geriatric Anxiety Scale, Subjective Wellbeing Inventory and Assessment Scale of Adaptation Difficulty for the Elderly to assess the outcome. Repeated Measures of Analysis of Variance will be used to test the hypotheses. The study would help to develop a structured group based adaptation training programme for elderly living in old age homes.

Introduction

The elderly population is increasing globally. In 2015 the world's population of aged was 900 million and it is expected to rise to two billion by 2050. Among them 80% of the older people will live in low and middle income countries (Leventhal, 2014). Asia will be contributing two third of the world’s elder population by 2050. It is expected that by 2025 India will surpass China and become most populous country in the world (He, Goodkind, & Kowal, 2016). There are many programmes and policies for the welfare of senior citizens in India by Ministry of Social justice and Empowerment. The Maintenance and Welfare of Parents and Senior Citizens Act,2007 Section 19 envisages a provision of establishment of
old age homes for senior citizens (Das, 2011). Traditionally senior citizens used to get support from joint family, kin, and community, but active support from such support systems have decreased subsequent to modernization and globalization. The sense of duty and obligation of the younger generation towards their older generation have come down. This has influenced the rapid increase in number of old age homes (Singh et al., 2014). Preference to nuclear family system and increased life expectancy of population also have accelerated the number of old age homes in the country. However the old age homes in India struggle to provide quality care to inmates due to the shortage of trained staff and lack structured indigenous adaption skills training programmes (Menezes & Thomas, 2018). Proposed study is an attempt to develop evidence based programme to address this service gap in elderly care.

**Reagents**

**Theoretical Frame Work of this Study**

According to hierarchy of needs proposed by Abraham Maslow, there are multiple levels of human needs such as physiological needs, security needs, social needs, self-esteem needs and self-actualization needs. Physiological needs is more about survival (food, water, shelter), it does not necessarily ensure quality of life for the elderly in old age homes. Once the survival needs are fulfilled, next is the security needs. The elderly, especially those who feel vulnerable due to injury or illness, desire a sense of security from the care takers. Next level is social needs, the elderly need opportunities to become involved socially with family, friends and the community. Once the social needs are fulfilled then comes self-esteem needs, the elderly want to be recognized and appreciated for their talents and ideas. The loss of self-worth is linked to depression and other psychological illness. According to Maslow the highest level in the hierarchy is self-actualization needs. The elderly in this phase try to concentrate on reality rather than worldly life. From this theory it is understood that all the human beings are having some or other needs to fulfil until they reach to self-actualization. If these needs are not met properly, it will create problem in their day to day life especially for adapting with the environment. Roy's Adaptation model identifies a person as a bio-psycho-social being in constant interaction with changing environment. He or she uses innate and acquired mechanisms to adapt to environment and situations. In order to respond positively to environmental changes a person must adapt to physiological needs, self-concept, role function and interdependence. From above mentioned theories underline an elderly in old age home has several needs while constantly interacting with the environment. Therefore adaptation with the environment is necessary for their wellbeing and quality of life.

**Need for the Study**

The existence of joint family system in India had provided high stability and protection for senior citizens. Everyone in the system had a role to play in taking care of senior citizens. Due to industrialization, urbanization, modernization, migration and globalization, the joint family system has been converted to nuclear family now. It affects the ability of family to provide adequate care to meet basic needs such as;
social needs, nutrition, and accommodation to the senior citizens. The needs and concerns of senior citizens are unique and may not be possible to address all individual needs sufficiently in old age homes. Transition in life while shifting residence from family to old age home may cause difficulty in adaptation among senior citizens. Age associated difficulty and/or delay in learning might cause problems in adapting with new environment. The cultural differences of inmates can also cause difficulty in adjustment with new situations. So it is necessary to develop group based adaptation skills training programme for the elderly living in institutions.

Aim

To develop and test the feasibility of group based adaptation skills training programme for the inmates of old age homes

Objectives

1. To study the psychosocial needs and concerns of senior citizens living in old age homes.
2. To develop a group based training programme for inmates of old age homes for enhancing their adaptation skills.
3. To test the feasibility of the proposed programme in reducing depression, anxiety and improving the wellbeing and adaptations skills among senior citizens living in old age homes.

Hypotheses

H1: The group based adaptation skills training programme will reduce the depression among senior citizens living in old age homes.

H2: The group based adaptation skills training programme will reduce the anxiety among senior citizens living in old age homes.

H3: The group based adaptation skills training programme will improve the wellbeing among senior citizens living in old age homes.

H4: The group based adaptation skills training programme will decrease adaptation difficulty among senior citizens living in old age homes.

Equipment

Socio- demographic Data Sheet

A semi-structured performa consists of following socio-demographic variables such as age, gender, education, marital status, economic status, domicile, occupation, education, residence and type of family will be used.
Montreal Cognitive Assessment (MoCA)

It is a widely used screening assessment for detecting cognitive impairment. It was developed in 1996 by Dr. Ziad Nasreddine. The MoCA test is a one-page test administered in approximately 10 minutes which consists of 8 sections. The MoCA assesses several cognitive domains such as short term memory, visuo-spatial abilities, executive functions, attention, concentration, working memory, language and orientation. The MoCA detected Mild Cognitive Impairment with 90%-96% sensitivity and specificity of 87% with 95% confidence interval. The MoCA detected 100% of Alzheimer's dementia with a specificity of 87% (Nasreddine, 2010).

Interview Schedule for Assessing the Needs and Concerns

Based on the need Hierarchy theory of Maslow's, an in-depth interview schedule will be developed on the basis of physiological needs, safety and security needs, love and belonging needs, self-esteem needs and self-actualization needs to collect the information from the participants. A study conducted to assess the needs of the older people in later life in a nursing home Sweden used qualitative method to collect information from the elderly and the staffs found that the needs of elderly is varied from individual to individual and it is unique (Wang, 2012).

Tools for pre- and post-assessment

Geriatric Depression Scale

It is a 15-item self report scale which is used to identify depression in the elderly. The scale was first developed in 1983 by Yesavage et al.. The GDS questions are answered “yes” or “no” for depression, reduced activity, irritability, withdrawal, painful thoughts, and negative evaluation of the past, present, and future. Out of the 15 items, 10 items indicate the presence of depression when answered positively, while the rest of the items (question numbers 1, 5, 7, 11, 13) indicate depression when answered negatively. Score of 0-4 are considered normal, depending on age, education, and complaints; score of 5-8 indicates mild depression; 9-11 indicates moderate depression; and 12-15 indicates severe depression. The GDS was found to have 92% sensitivity and 89% specificity when evaluated against diagnostic criteria. The validity and reliability of the tool have been supported through both clinical practice and research. In a validation study comparing the Long and Short Forms of the GDS for self-rating of symptoms of depression, both were successful in differentiating depressed from non-depressed adults (r = 0.84)(Yesavage & Rose, 1983).

Geriatric Anxiety Scale

The Geriatric Anxiety Scale (Segal, June, Payne, Coolidge, & Yochim, 2010) is a 30-item self-report measure used to assess and quantify anxiety symptoms among older adults. Individuals are asked to indicate how often they have experienced each symptom during the last week, answering on a 4-point Likert scale ranging from “Not at all” (0) to “All the time” (3). GAS items were derived from the broad range of anxiety disorder symptoms in the DSM-IV-TR and DSM-5. Scoring provides a total score and 3
subscales (somatic symptoms, cognitive symptoms, and affective symptoms) for which normative and interpretive guidelines are available. The GAS total score is based on the first 25 items and ranges from 0 to 75. The GAS demonstrated high internal consistency of scale scores and strong evidence of validity for the quantitative assessment of anxiety symptoms in diverse community, psychiatric, and medical samples of older adults (Gould et al., 2014).

**Subjective Wellbeing Inventory (SUBI)**

It has 40 items measuring 11 domains they assess general wellbeing, positive affect, expectation achievement congruence, confidence in coping, transcendence, family group support, social support, primary group concern, inadequate mental mastery, perceived ill health, deficiency in social contact and general wellbeing negative affect (Sell, 1994). The inventory had been standardized with an adult population. The total sum of the 40 items gives the overall subjective well-being score. The SUBI is scored by attributing the values 3, 2 and 1 to response categories of positive items and 1, 2 and 3 to the negative items. Thus range of scores is 40 (minimum) to 120 (maximum). The factor analyses over the different samples in different languages, and from different parts of India showed not only an extraordinary degree of stability in content of factors, but also stability over time of 18 months when re-tested. This scale has high inter-rater reliability, inter-scores reliability, and test-retest reliability. The scale has been found to be highly significant and satisfactory in validity. Another study has reported that the test retest reliability of the SUBI inventory is 0.79 and the validity is 0.86.

**Procedure**

**Research design**

Quasi-experimental research design will be used in this study. Feasibility of the group based adaptation skills training programme will be tested by comparing the outcome variables such as depression, anxiety, subjective wellbeing and adaptation difficulty with the experimental group. There are 103 old age homes in Bengaluru as per the data from Elderly Helpline, in Bengaluru. Out of which 22 old age homes are situated in Bengaluru South Zone. Senior Citizens who live in these 22 old ages homes are selected as population of the study.

**Sample Selection Method and Sample Size**

Simple random sampling will be used in the study. There are 103 old age homes spread around four zones of Bengaluru such as North, South, East and West. Out of which, South zone is selected for the feasibility of the researcher and listed out 22 old age homes. The old age homes which are either funded by government or the homes which are running with the support of charity organizations and trust, where they may admit male as well as female will be selected. From which the old age home consists of 20 to 40 inmates only will be listed out. Using simple random sampling method four homes which will satisfy the sample size will be selected for the intervention group. Finally, all the inmates who meet the inclusion and exclusion criteria until match the sample size 60 will be included in the intervention group.
Based on the findings of the study which has been conducted by Duyan et al, (2016), sample size is calculated using G* Power 3.1.9.2 for the intervention group for meeting the criteria of 95 percentage of power and five percentage level of significance, the estimated sample size for this study is 50 senior citizens. Considering the dropout rate of 20%, final sample size is 60.

**Inclusion Criteria**

- A male/female who is 60 years and above living in old age home
- A participant who has physical and cognitive ability to understand and respond to the questions, which are asked in the interview.
- A participant who is willing to undergo the training

**Exclusion Criteria**

- People who have severe dementia
- People who are already undergoing similar training will be excluded

**Troubleshooting**

**Time Taken**

The research got registered in the institute on 1st December 2018. Researcher started the data collection in 2020 March. The study has eight phases of data collection such as screening, need assessment, module validation, pilot study, pre assessment, intervention, post assessment and post-post assessment. The researcher is in intervention phase now and it will take three more months to complete the entire process of data collection.

**Anticipated Results**

Group based adaptation skills training programme is an intervention, which will help to reduce adaptation difficulty, depression and anxiety and improve well-being among senior citizens living in old age homes.

**References**


