Exploring Profile Attributes and Psychosocial Well-Being in Elderly Populations

Abstract

The present study was conducted during the six-month period from April to September 2022, the research was conducted at the Government care home in Pulayanarkotta, Thiruvananthapuram, Kerala, India.The burgeoning global elderly population, expected to reach 2 billion by 2050, confronts escalating susceptibility to mental health issues.Focused on inmates in care homes, the study investigates motivations, challenges, demographics, and assesses psychological well-being using the Ryff Scale.The research employs purposeful sampling, identifying 60 residents through comprehensive interviews.Results reveal varied motivations for care home enrollment, such as family rejection and financial instability, with inmates contending with constraints like loss of control and limited familial support. The study profiles inmates, predominantly elderly males with diverse educational backgrounds and prevalent health conditions.Psychological well-being scores categorize inmates into low, medium, and high groups, emphasizing the majority in the medium category. Associations between profile characteristics and well-being highlight education's positive impact and the negative influence of medical illness. Regression analysis confirms these relationships, emphasizing the need for tailored interventions in care homes.In conclusion, this study underscores the imperative of prioritizing psychological well-being among older adults, providing insights into motivations, challenges, and demographics of care home inmates. The findings lay a foundation for targeted interventions to enhance the well-being of this expanding demographic worldwide.

Key words:*Ageing, Care home, Psychologicalwellbeing, Profile characteristics*

1. Introduction

The global elderly population (60 and above) is growing rapidly due to increased longevity and declining birth rates, with a projected 2 billion elderly by 2050 (United Nations, 2019). Elderly individuals face higher susceptibility to mental health issues, including depression, anxiety, and cognitive disorders like dementia (World Health Organization, 2017), necessitating proactive steps to promote psychological well-being, which encompasses overall life satisfaction, stress management, and a sense of purpose and fulfilment (Chakravarthy, 2020; Maiti, 2017).Psychological well-being is essential for a person's overall quality of life and can impact their physical health, relationships, and overall functioning (Ryff,1989). Psychological well-being among older adults is a crucial aspect of their overall health and quality of life. As individuals age, they often face various challenges, including physical health issues, loss of loved ones, retirement, and social isolation. Maintaining and promoting psychological well-being in older adults is essential for their mental health and can significantly impact their overall well-being and longevity. The problems of senior citizens in urban areas are multiple rather than single and all these problems are interdependent. Hence, it is essential to make the senior citizens independent and self-sufficient so that they can build up their inherent potentialities to cope up with their problems (Steffi and Sreedaya,2022). Community awareness and participation is essential for successful and sustainable managements (Laishram and Dey, 2013). Here is an overview of the importance of psychological well-being in older adults.Psychological well-being in older adults is closely linked to their mental health. It can help reduce the risk of common mental health issues such as depression and anxiety, which are prevalent in this age group. A study

by Pinquart and Duberstein (2007) found that higher psychological well-being was associated with lower levels of depressive symptoms in older adults (Pinquart and Duberstein,2007). Psychological well-being has been linked to better physical health outcomes in older adults. Those with higher levels of psychological well-being tend to engage in healthier behaviours, such as regular exercise and better dietary choices, leading to improved physical health. A study by Boehm *et al*. (2011) demonstrated that higher psychological well-being was associated with a lower risk of developing cardiovascular diseases like Older adults often face significant life transitions, such as retirement and bereavement. Psychological well-being can serve as a buffer during these transitions, helping individuals adapt and find new sources of meaning and purpose in their lives Heller *et al.* (2009) investigated the impact of psychological well-being on retirement adaptation, highlighting that maintaining positive social relationships is essential for older adults, as strong connections offer emotional support and reduce loneliness and isolation. Hawkley and Cacioppo (2010) emphasize the critical role of social relationships in overall well-being, while Diener and Chan (2011) underscore that psychological well-being significantly contributes to the quality of life for older adults, encompassing mental health, a sense of purpose, life satisfaction, and the ability to enjoy life's pleasures.

The critical importance of psychological well-being among older adults is evident in its role in promoting both mental and physical health outcomes, acting as a protective buffer during life transitions, emphasizing the value of positive social relationships, and recognizing the impact of education on psychological well-being, all of which are underlined by various studies (Pinquart& Duberstein, 2007); (Boehm *et al.*, 2011); (Heller *et al.*, 2009);(Hawkley & Cacioppo, 2010); (Diener & Chan, 2011), making it imperative to prioritize the well-being of this growing demographic worldwide.

2. Objectives of the study

The study aimed to:

i)Investigate the motivations behind inmates enrolment in care homes.
ii)Examine the demographic characteristics of care home residents.
iii)Assess the psychological well-being of care home inmates using the Ryff Scale of Psychological Well-being.

3. Materials and Methods

During the six-month period from April to September 2022, the research was conducted at the Government care home in Pulayanarkotta, Thiruvananthapuram, Kerala, India. This care home, selected for its unique accommodation of both genders in the public sector, served as the study site. A purposeful sampling method was employed to select 60 residents, and comprehensive interviews were conducted to gather their demographic information, including age, gender, education, and medical history.

The "Ryff Psychological Well-Being Scale" (RPWB), a well-established measure of psychological well-being, was utilized in this study. Developed by prominent psychologist Carol D. Ryff, the RPWB assesses various dimensions of well-being and is widely employed in both research and clinical settings. The scale encompasses six key dimensions or subscales

contributing to overall psychological well-being: Self-Acceptance, Positive Relations with Others, Autonomy, Environmental Mastery, Purpose in Life, and Personal Growth. Scores are determined based on a degree of agreement scale ranging from 1 to 6, with individual scores ranging from 42 to 252.

The study's objectives were pursued by first investigating the motivations behind the inmates' enrollment in the care home, followed by an exploration of the challenges faced during their stay. Subsequently, the demographic characteristics of the care home residents were examined, and finally, an assessment of the psychological well-being of inmates was conducted using the Ryff Scale of Psychological Well-being. The motivations for enrollment and constraints faced by the inmates were gathered through a combination of primary data sources, including comprehensive interviews, and secondary sources, such as inquiries made to the care home staff.

4. Results and Discussion

4.1. Reasonsof inmates for joining the care home

Table 1: Reasons for joining the care home

Items	Frequency	Percentage
Rejection from the family members	18	30.00
Due to unstable financial circumstances	14	23.33
Due to adjustment problem of old people with younger generations	11	18.33
Proliferating micro families	10	16.67
Specialized care and attention for seniors, which may not be possible at home	7	11.67
TOTAL	60	100.00

The Table1 elucidates the diverse motivations behind individuals' decisions to join a care home, presenting these reasons in both numerical scores (frequency) and percentage distribution. It is revealed that a substantial proportion of individuals, 30.00% to be exact, sought the refuge of a care home due to the unfortunate experience of rejection from their own family members. Additionally, 23.33% cited unstable financial circumstances as the cause of their transition to a care home, while 18.33% reported difficulties in adjusting to life with younger generations in their family. For 16.67% of individuals, the prevalence of smaller or micro-sized families played a significant role in their choice to reside in a care home. Lastly, 11.67% of care home residents acknowledged that the need for specialized care and attention for seniors, which may not be readily available at home, was their primary motivation. This data provides valuable insights into the multifaceted reasons that drive individuals to seek care home admission (Marc *et al*., 1988);(Catherine *et al*.,2004); (Akbar*et al.,* 2014)

4.2. Profile characteristics and psychological wellbeing scores of care home inmates

Table 2: Profile characteristics and psychological wellbeing scores of care home inmates

Respondent No.	Age	Gender	Education	Medical illness	Psychological wellbeing score
1.	75	F	Illiterate	Diabetes	139
2.	65	F	Primary	other	147
3.	>70	F	Illiterate	dia,bp,heart comp.	137
4.	70	F	Illiterate	Nil	146
5.	65-75	M	Higher secondary	Nil	159
6.	65-70	M	Primary	Nil	143
7.	65	M	High school	Nil	137
8.	>70	F	Illiterate	Diabetes	161
9.	>70	M	Middle school	bp	158
10.	>70	M	Illiterate	Nil	154
11.	>70	M	Higher secondary	Nil	161
12.	64	M	Degree	bp,others	146
13.	>70	M	Middle school	bp,others	140
14.	>70	M	Primary	other	154
15.	>70	M	Middle school	diabetes,bp	150
16.	65-70	M	High school	bp	157
17.	>70	M	Higher secondary	Nil	169
18.	82	M	Illiterate	Nil	134
19.	76	M	Middle school	other	172
20.	>70	M	Illiterate	other	135
21.	64	M	Middle school	bp,dia	172
22.	88	F	Illiterate	dia,bp,heart comp.	131
23.	75	F	Middle school	bp	158
24.	65-70	M	Degree	diabetes	146
25.	61	F	Primary	Nil	166
26.	64	M	Primary	Nil	158
27.	65-70	F	Illiterate	Nil	140
28.	>70	M	Illiterate	bp,dia,others	165
29.	75	F	Primary	other	162
30.	65-70	F	Primary	diabetes,bp	148
31.	82	M	Primary	Nil	162
32.	>70	M	Primary	other	145
33.	>70	M	High school	Nil	143
34.	65-70	M	Middle school	Nil	130
35.	62	M	High school	Nil	151

36.	>70	M	Middle school	BP	164
37.	>70	M	Degree	bp,dia,others	167
38.	65-70	M	Middle school	bp,dia,others	133
39.	>70	F	Higher secondary	Nil	140
40.	66	M	Middle school	other	131
41.	65-70	M	High school	other	144
42.	>70	M	High school	bp,others	139
43.	65-70	M	Primary	bp,dia	147
44.	70	M	High school	Nil	137
45.	65-70	M	Middle school	dia,bp,other	146
46.	65-70	M	Middle school	Nil	159
47.	>70	M	Primary	Nil	143
48.	>70	M	High school	BP	137
49.	>71	M	Degree	BP, Diabetes	161
50.	>70	F	Degree	BP	158
51.	65-70	F	High school	bp,others	154
52.	65-70	M	Illiterate	Nil	161
53.	>70	M	Middle school	Nil	146
54.	>70	M	High school	Nil	140
55.	65-70	F	Middle school	bp,dia,others	154
56.	65-70	F	High school	bp,others	150
57.	65-70	F	Primary	other	157
58.	65-70	F	Middle school	Diabetes	169
59.	62	M	Primary	Nil	134
60.	90	F	Illiterate	Nil	172

F-Female, M-Male

This Table2 provides a snapshot of a sample of older adults, their demographics, medical conditions, and psychological well-being scores. there are 40 respondents who are over 70 years old, constituting the majority at 80% of the sample. Additionally, there are 12 respondents in the age range of 65-70 years, representing 24% of the sample. Only 2 respondents, accounting for 4%, fall within the 61-64 years age group. Furthermore, there is a single respondent aged 90 years, making up 2% of the total sample. Therefore, it is evident that the majority of the respondents in this dataset are aged over 70, contributing significantly to the overall demographic distribution. There are 41 male respondents, making up the majority at 82% of the sample. On the other hand, there are 19 female respondents, accounting for 38% of the total. Consequently, it is evident that the sample is predominantly composed of male participants, with 82% of the respondents being men.Among the respondents, 15 individuals, constituting 30% of the sample, are illiterate. Furthermore, 10 respondents, or 20% of the total, have completed only primary education. An equal number of respondents, 10 in total, have attained a middle school education, also comprising 20%.

Seven respondents, representing 14% of the sample, have completed high school. In contrast, a smaller percentage of respondents, specifically 4%, have reached the higher secondary level, with only 2 individuals. Lastly, 6 respondents, making up 12% of the total, possess a degree or higher educational qualification. This data underscores that a significant portion of the respondents have limited educational attainment, with 30% being illiterate and an additional 20% having completed only primary education.From above table,14 respondents, comprising 28% of the sample, report having diabetes (abbreviated as "dia"). Additionally, 18 respondents, accounting for 36% of the total, indicate that they have hypertension (abbreviated as "bp"). Meanwhile, 4 respondents, representing 8% of the sample, report experiencing heart complications as a medical condition. Another 8 respondents, making up 16% of the total, mention having various other medical conditions. It is noteworthy that 15 respondents, equivalent to 30% of the sample, do not report any specific medical illness. Overall, the most commonly reported medical conditions among the respondents are hypertension and diabetes, each affecting more than a quarter of the sample, with hypertension being the most prevalent(Asadullah *et al.*,2012).

4.3.Distribution of inmates of care home according to their psychological wellbeing

Table 3: Distribution of inmates of care home according to their psychological wellbeing

Categories	Frequency	Percentage (%)
Low (≤139)	12	20
Medium (140-162)	39	65
High (≥163)	9	15

The following inferences can be drawn from table 3, which examines the distribution of inmates in a care home according to their psychological well-being. In the care home, inmates have been categorized into three distinct groups based on mean and standard deviation of their psychological well-being scores. The "low well-being (≤139)" category comprises 12 individuals, accounting for 20% of the total inmate population. The majority, represented by 39 inmates (65% of the sample), falls into the "medium well-being (140-162)" category, with psychological well-being scores ranging from 140 to 162. In contrast, a smaller subset of 9 inmates (15% of the total) belongs to the "high well-being (≥163)" category, characterized by scores equal to or greater than 163. This classification offers valuable insights into the distribution of psychological well-being among care home inmates, enabling the development of tailored interventions to address the diverse well-being needs of these individuals. The data in Table 2 reveals the distribution of inmates in a care home across different psychological well-being categories, with the majority falling into the "Medium" category. Understanding these well-being categories can guide care providers in developing appropriate support and interventions for the inmates, considering their varying levels of psychological well-being.

4.4. Association between profile characteristics and psychological well being

Table 4: Association between profile characteristics and psychological well being			
Sl.No.	Name of variables	Correlation coefficient 'r'	p value
1.	Age	0.60NS	0.674
2.	Gender	0.101NS	0.444
3.	Education	0.280**	0.030
4.	Medical illness	-0.279**	0.0509

**1%significant level *5%significantlevel

Table-4 explores the association between profile characteristics and psychological well-being.There appears to be no significant correlation ('NS' denotes non-significant) between age and psychological well-being, as indicated by a correlation coefficient of 0.60 and a p-value of 0.674. This suggests that, within the context of this study, age does not significantly influence psychological well-being. Similarly, there is no statistically significant correlation ('NS') between gender and psychological well-being. The correlation coefficient is 0.101, and the p-value is 0.444, implying that gender does not have a significant impact on psychological well-being in this dataset. In contrast, a statistically significant positive correlation is observed between education and psychological well-being. The correlation coefficient is 0.280, and the p-value is 0.030, indicating that individuals with higher levels of education tend to report higher levels of psychological well-being. This suggests that education may play a role in promoting better psychological well-being among the respondents. Interestingly, there is a statistically significant negative correlation between the presence of medical illness and psychological well-being. The correlation coefficient is -0.279, and the p-value is 0.509, indicating that individuals with medical illnesses tend to have lower levels of psychological well-being. This underscores the potential impact of health conditions on an individual's psychological well-being.

4.5. Regression between profile characteristics and psychological status

Table 5: Regression between profile characteristics and psychological status			
Sl.No.	**Name of variables**	Regression coefficient 'β'	p value
1.	Age	0.014	0.674
2.	Gender	0.007	0.444
3.	Education	0.079*	0.012
4.	Medical illness	-0.078*	0.003

* significant relationship between variable and cognitive status

Table 5, which presents the results of a regression analysis examining the relationship between profile characteristics and cognitive status, several key findings emerge. Age and gender show no statistically significant associations with cognitive status, with regression coefficients of 0.014 and 0.007, and p-values of 0.674 and 0.444, respectively. However, education and the presence of medical illness are both significantly related to cognitive status, as denoted by asterisks (*). Education exhibits a positive association, with a regression coefficient of 0.079 and a p-value of 0.012, indicating that higher levels of education are linked to better cognitive status. Conversely, medical illness displays a negative relationship,

with a regression coefficient of 0.078 and a p-value of 0.003, suggesting that individuals with medical illnesses tend to have lower cognitive status in this dataset. In summary, this analysis underscores the significance of education and the influence of medical health on cognitive functioning within this particular population, while age and gender do not demonstrate significant associations with cognitive status.

5. Conclusion

This study underscores the complex relationship between profile characteristics and the psychological well-being of older adults, highlighting the positive impact of education and the negative effect of medical illnesses. These findings provide valuable insights for the development of tailored interventions to improve the well-being and quality of life for this aging population, benefiting policymakers, healthcare professionals, and caregivers.

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