



Assessment of Emotional Problems Among the Elderly People in A Selected Community Murshidabad

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Abstract: A study to assess the emotional problems among the elderly people in a selected community, Murshidabad. The objectives of the study are to assess the level of depression among elderly people, to assess the level of anxiety among elderly people, to assess the level of stress among elderly people, to find out the association between the level of depression, anxiety and stress with their socio-demographic variables. In this study, non-experimental descriptive research design is used. In this study elderly people aged 60(sixty) years and above of age residing with the family members of Uttarpara community, Berhampore, Murshidabad were selected as a sample. 150 samples were selected for the study by non- probability convenience sampling technique. Level of depression, anxiety and stress among the elderly people were assessed using sociodemographic proforma and DASS-21 questionnaire to assess the emotional problems. Reliability of the tool is 1 for depression, 0.99 for anxiety and 0.99 for stress that was checked using Cronbach's Alpha Method. Statistical analysis was done by chi square and frequency distribution table to assess the level of emotional problem among the elderly. The findings of the study revealed that in regarding the emotional problems among 150 number of elderly people, 7.33% have normal level of depression, 8.66% have mild depression, 40.66% have moderate depression, 27.33% have severe depression, 16.00% having extremely severe depression and 1.34% are having normal anxiety level, 3.33% re



having mild level of anxiety, 18% are having moderate level of anxiety, 18% are having severe level of anxiety, 59.33% are having extremely severe level of anxiety, along with 18% are having normal level of stress, 17.33% are having mild level of stress, 34% are having moderate level of stress, 25.33% are having severe level of stress, 5.34% are having extremely severe level of stress. There is significant association between age, employment Status, monthly family income since with depression. Age, employment status, marital status, family, suffering from chronic illness, economic dependence since with anxiety and age, gender, religion, employment status, monthly family income, economic dependence since with stress.

Key words: Assess, Elderly, Emotional factors, Depression, Anxiety, Stress, Community.

Introduction:

“You do not heal old age, you protect, you promote it and you extend it” Sir James Streling Ross. Aging India has become a phenomenon of public health importance. At present, India is passing through a stage of demographic transition and it has the world's second largest aged population. World Health Organization clearly suggested that individual over 65 years is the group most susceptible to mental illness.

Research Methodology:

The present study focuses on assessing emotional problems, including stress, anxiety, and depression, among elderly individuals in the specific community of Murshidabad, with a particular emphasis on the Uttarpara area. The overarching purpose of this research is to gain insights into the prevalence and severity of emotional issues within this demographic. The study adopts a quantitative research approach, employing a non-experimental, descriptive design to achieve its objectives.

The research population consists of all elderly individuals aged 60 years and above in the Uttarpara community, Berhampore, Murshidabad. The sample size for the main study is determined to be 150 individuals, with a pilot study involving 30 participants. Non-probability convenience sampling is employed, with inclusion criteria encompassing the willingness to participate, presence on the day of data collection, and residence within family setups, while exclusion criteria involve residence in old-age homes, age below 60, and mental health issues. The research variables include depression, anxiety, and stress, while socio-demographic variables encompass age, gender, religion, educational and employment status, monthly family income, type of family, marital status, chronic health problems, economic dependence, and



source of health-related information. The research tools comprise a socio-demographic proforma and the DASS21 questionnaire, with data collected through interviews.

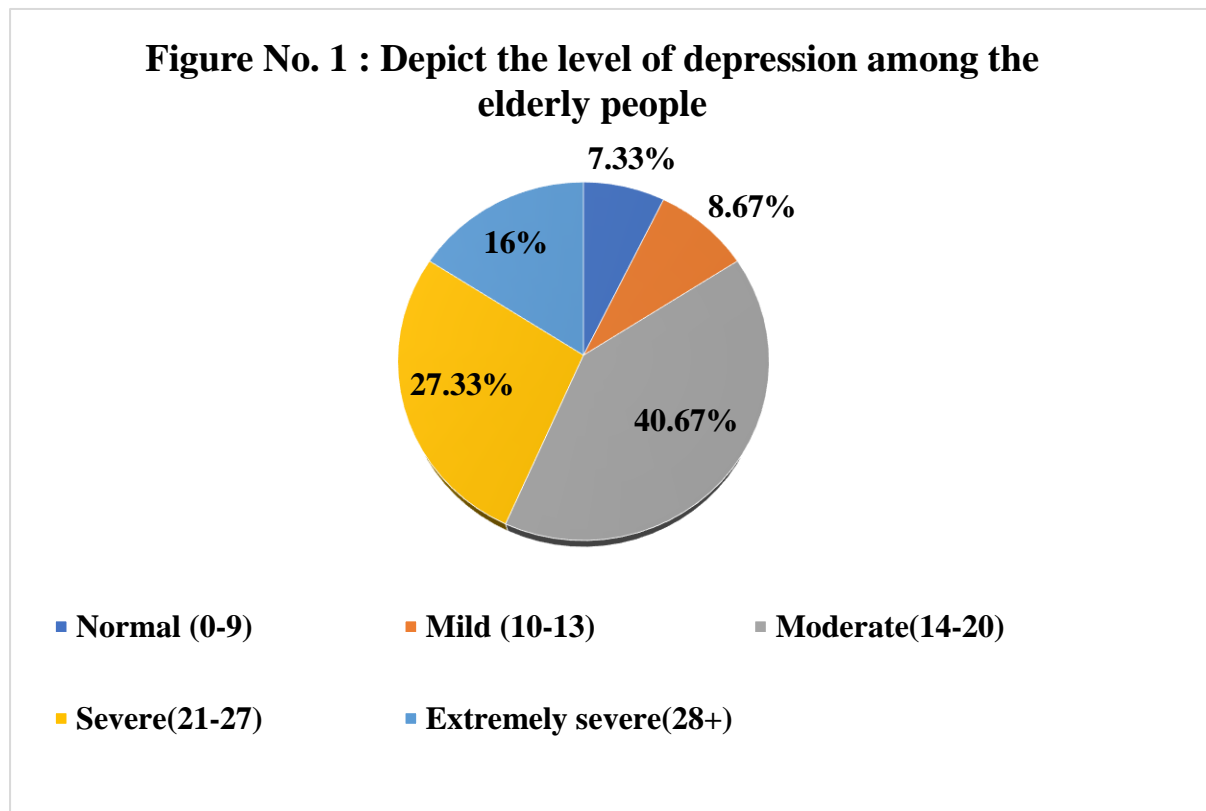
Reliability testing, utilizing Cronbach's Alpha method, yields satisfactory scores of 0.81 for depression, 0.97 for anxiety, and 0.83 for stress. Ethical considerations are paramount, with approvals obtained from the Principal of GitaRam College of Nursing, the Gram Panchayat of the rural area, and written informed consent from study participants.

The plan of analysis involves tabulating data in terms of frequency and percentage, employing descriptive statistics for an overall understanding and inferential statistics, specifically the Chi-square test, to explore associations between emotional problems and socio-demographic variables. This research aims to contribute valuable insights for healthcare planning, public policies, and community responses to emotional problems among the elderly in the specified region.

Data analysis and interpretation:

Analysed data will be present under the following section:

Section–A:





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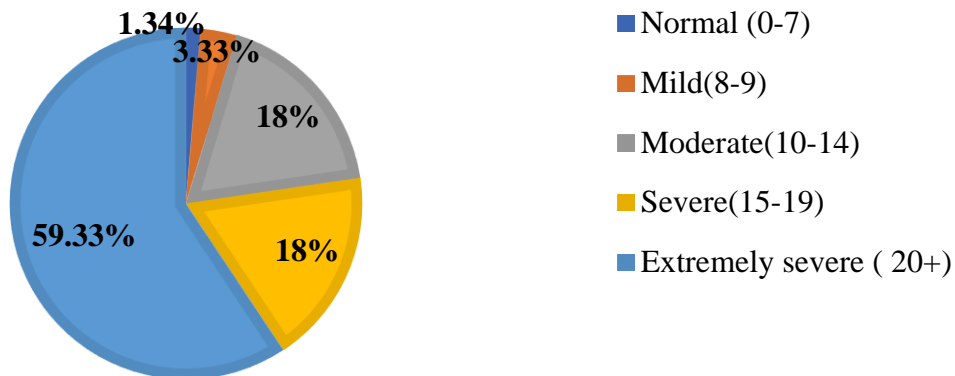
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Table 1: sociodemographic frequency percentage distribution

Sl. No.	Socio demographic Variables	Variants	Frequency	Frequency Percentage
1.	Age	60 -65 years	49	32.66%
		66 – 70 years	68	45.33%
		71 – 75 years	28	18.67%
		76 years above	5	3.364%
2.	Gender	Male	68	45.33%
		Female	82	54.67%
		Transgender	0	0%
3.	Religion	Hindu	125	83.33%
		Muslim	25	16.67%
		Others	0	0%
4.	Educational status	Illiterate	36	24%
		Non formal	78	52%
		Primary	31	20.67%
		Secondary education / HS or above	5	3.33%
5.	Employment status	At government sector	4	2.67%
		At private sector	7	4.67%
		Self-employment	70	46.66%
		Unemployed	69	46%
6.	Marital status	Married	100	66.67%
		Unmarried	3	2%
		Widow	47	31.33%
		Divorced	0	0%
7.	Family type	Nuclear family	110	73.33%
		Joint family	40	26.67%
8.	Total family income	< 10,000	46	30.67%
		10,000 – 20,000	41	27.33%
		Above 20,000	10	6.67%
		No income	53	35.33%
9.	Health related information	Family and friends	40	26.7%
		Mass media	23	15.30%
		Health professional	87	58%
10.	Suffering from any chronic illness	Yes	83	55.33%
		No	67	44.67%
11.	Economical dependence	Yes	80	53.33%
		No	70	46.67%

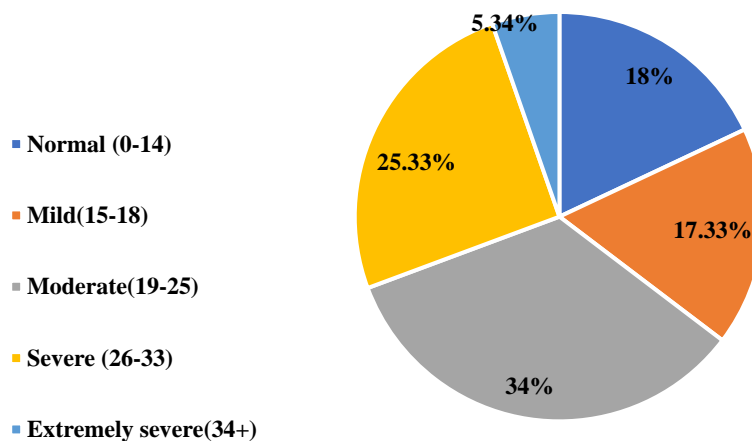
Section-B2

Figure no. 2: depicts the level of anxiety among elderly people



Section-B3

Figure No. 3: Depicts the level of stress among elderly people



Section – C

Table 2: Findings related to the association between the level of depression with their demographic variables.

SL. No.	Socio-Demographic Variables	Categories	DETERMINING VARIABLES					P-Value	Expected Chi-Square
			Normal	Mild	Moderate	Severe	Extremely severe		
1	Age	60-65	1	0	5	3	1	3.84	4.73*
		66-70	0	1	4	5	2		
		71-75	1	0	0	1	1		
		76 Above	0	0	0	0	0		
2	Gender	Female	4	7	32	17	7	3.84	0.157
		Male	7	6	29	24	17		



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3	Religion	Hindu	7	13	51	33	21	3.84	0
		Muslim	4	0	10	8	3		
4	Education	Illiterate	3	2	18	10	3	3.84	0
		Non-formal	5	8	28	17	20		
		Primary	2	1	15	13	1		
		Secondary	1	2	0	1	0		
5	Employment status	At Government sector	0	0	0	2	2	3.84	36.6*
		At private	2	2	1	2	0		
		Self	5	7	34	14	10		
		Unemployed	4	4	28	22	11		
6	Marital status	Married	6	10	46	24	14	3.84	0
		Un-married	0	0	1	1	1		
		Widow	5	3	14	16	9		
7	Family Type	Nuclear	11	8	43	28	20	3.84	0.522
		Joint	0	5	19	13	3		
8	Income	<10,000	5	5	20	7	9	3.84	10.167*
		10,000-20,000	2	4	20	10	4		
		Above 20,000	0	1	5	5	0		
		No income	4	3	16	19	11		
9	Health Related Information	Family and friends	2	3	14	15	6	3.84	2.23
		Mass Media	2	4	9	6	4		
		Health Professional	7	5	39	20	14		
10	Chronic Illness	Yes	5	8	30	22	17	3.84	0.003
		No	6	5	31	19	7		
11	Economic Dependence	Yes	4	5	30	23	16	3.84	26.095*
		No	7	8	31	18	8		

Section – D

Table 6: Findings related to the association between the level of anxiety with their demographic variables. [n = 150]

SL. No.	Socio-Demographic Variables	Categories	DETERMINING VARIABLES					P-Value	Expected Chi-Square
			Normal	Mild	Moderate	Severe	Extremely severe		
1	Age	60-65	1	1	11	10	26	3.84	17.584*
		66-70	1	3	14	10	40		
		71-75	0	0	3	7	18		
		76 Above	0	0	0	0	5		
2	Gender	Female	1	2	14	21	46	3.84	0



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		Male	1	2	14	6	43		
3	Religion	Hindu	1	3	26	24	71	3.84	0
		Muslim	1	1	2	3	18		
4	Education	Illiterate	1	0	3	7	25	3.84	2.02
		Non-formal	1	3	17	14	42		
		Primary	0	1	6	5	21		
		Secondary	0	0	2	0	2		
5	Employment status	At Government sector	0	0	0	0	4	3.84	20.49*
		At private	0	1	4	1	1		
		Self	2	1	13	10	44		
		Unemployed	0	2	11	16	40		
6	Marital status	Married	1	2	22	17	57	3.84	8.51
		Un-married	0	0	0	0	2		
		Widow	1	2	7	8	30		
7	Family Type	Nuclear	2	4	20	20	64	3.84	22.7*
		Joint	0	0	8	7	25		
8	Income	<10,000	1	0	10	9	26	3.84	1.29
		10,000-20,000	1	1	8	7	23		
		Above 20,000	0	1	3	1	6		
		No income	0	2	6	11	34		
9	Health Related Information	Family and friends	1	2	8	6	23	3.84	1.62
		Mass Media	0	0	5	3	15		
		Health Professional	1	2	15	18	51		
10	Chronic Illness	Yes	1	1	10	18	51	3.84	10.72*
		No	1	3	18	9	38		
11	Economic Dependence	Yes	0	2	14	17	47	3.84	10.72*
		No	2	2	14	10	42		

Section – E

Table 7: Findings related to the association between the level of stress with their demographic variables [n = 150]

SL. No.	Socio-Demographic Variables	Categories	DETERMINING VARIABLES					P-Value	Expected Chi-Square
			Normal	Mild	Moderate	Severe	Extremely severe		
1	Age	60-65	11	11	20	5	3	3.84	12.015*
		66-70	14	8	26	18	1		
		71-75	2	7	7	11	1		
		76 Above	0	0	0	2	3		



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2	Gender	Female	14	11	21	14	5	3.84	4.92*
		Male	13	15	30	25	2		
3	Religion	Hindu	23	19	47	31	5	3.84	7.75*
		Muslim	4	7	6	6	2		
4	Education	Illiterate	5	8	12	8	3	3.84	0.81
		Non-formal	15	13	29	17	4		
		Primary	5	4	12	10	1		
		Secondary	2	1	0	1	0		
5	Employment status	At Government sector	0	0	0	3	1	3.84	4.60*
		At private	1	4	2	0	0		
		Self	20	11	21	15	3		
		Unemployed	5	13	29	19	3		
6	Marital status	Married	19	16	36	21	7	3.84	1.378
		Un-married	0	0	3	0	3		
		Widow	8	7	17	16	0		
7	Family Type	Nuclear	17	23	35	30	5	3.84	1.92
		Joint	8	4	19	7	2		
8	Income	<10,000	9	10	16	8	1	3.84	37.6*
		10,000-20,000	9	5	15	10	0		
		Above 20,000	1	2	5	3	3		
		No income	4	8	22	16	3		
9	Health Related Information	Family and friends	6	6	15	11	2	3.84	3.33
		Mass Media	4	5	9	3	2		
		Health Professional	17	16	28	23	3		
10	Chronic Illness	Yes	14	13	21	18	5	3.84	3.14
		No	12	14	22	19	2		
11	Economic Dependence	Yes	9	15	32	19	3	3.84	14.8*
		No	18	11	21	18	4		

Results: The study results indicate that the prevalence of depression among the elderly is at a moderate level, followed by extremely severe anxiety and moderate stress. Statistically significant associations are observed between the level of depression and various socio-demographic factors, including age, employment status, monthly family income, and economic dependence. Additionally, the study reveals significant associations between anxiety levels and factors such as age, employment status, marital status, family structure, chronic illness, and economic dependence. The level of stress is also found to be significantly associated with age, gender, religion, employment status, family income, and economic dependence. These findings



underscore the importance of considering specific socio-demographic variables in understanding and addressing emotional well-being among the elderly in the studied community.

Implications: The study's implications are substantial across various domains. In nursing education, the results can enhance student nurses' awareness of emotional problems among the elderly, enabling them to apply effective strategies in community settings. Nursing administration can benefit from active involvement in health policy-making, protocol development, and organizing workshops to improve understanding of emotional issues among the elderly. In nursing practice, the study underscores nurses' pivotal role in assessing emotional problems in the Uttarpara community. In research, it serves as a valuable guide for similar studies in different settings, potentially inspiring further research on a larger scale and contributing to a more comprehensive understanding of elderly emotional challenges.

Limitations: Several limitations are acknowledged in the study findings. Firstly, the focus on adults aged above 60 years restricts the scope for generalization beyond this specific age group. Secondly, the study's confinement to the selected community of Murshidabad limits the broader applicability of the findings to other geographic or cultural contexts. Thirdly, the study faces constraints due to its limited sample size, which may impact the extent to which the findings can be generalized. These limitations emphasize the need for caution when extrapolating the study results to broader populations or different settings.

Conclusion: In conclusion, this study sheds light on the emotional well-being of elderly individuals in the specific community of Murshidabad, particularly focusing on the Uttarpara area. The prevalence of moderate depression, extremely severe anxiety, and moderate stress among the elderly underscores the need for targeted interventions. The statistically significant associations between emotional problems and socio-demographic factors highlight the importance of considering variables such as age, employment status, monthly family income, and economic dependence in understanding and addressing these issues. The implications extend to nursing education, administration, practice, and research, emphasizing the role of healthcare professionals in enhancing awareness and implementing effective strategies. Despite the valuable insights gained, the study's limitations, including the age-specific focus and restricted geographic scope, caution against overgeneralization. Further research on a



larger scale and in diverse settings is warranted to enhance the comprehensive understanding of emotional challenges among the elderly.

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