Periodic Research

Senescence and its ramifications in The realm of morale and depression

Abstract

The present study was conducted to investigate the two important correlates (Morale and Depression) of old age or senescence. Subsequently it was decided that a rigorous research work on depression and morale of old people in the institutions of Jammu would yield some lucrative results. The age group decided for the study was 60-80 years. The study consisted a sample of 30 (15 old males and 15 old females) from an old age home situated in Amphalla, Jammu. Results indicated that the level of Depression was high in institutionalized females than the males whereas the level of morale was high in institutionalized males than females.

Keyword: Depression, morale, senescence and gender.

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Introduction

The ageing process is a biological reality which has its own dynamics, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. In many parts of the developing world, chronological time has little or no importance in the meaning of old age. Other socially constructed meanings of age are more significant such as the roles assigned to older people; in some cases it is the loss of roles accompanying physical decline which is significant in defining old age (Gorman, 2000).

Rather than a period of decline, late adulthood is now seen as a stage in which people continue to change—to grow in some areas and, yes, to decline in others. Primary aging or senescence, involves universal and irreversible changes due to genetic programming. In contrast, secondary aging encompasses changes that are due to illness, health habits, and other individual factors, which are not inevitable (Feldman, 2011). Chen, Mullan et al, (2011) conducted a longitudinal study to investigate the change trajectories of depressive symptoms and disability in older adults, as well as their associations over time. The findings demonstrated that disability is a stronger predictor of depressive symptoms than depressive symptoms are of disability.

Adjustment remains a continuous process throughout the life of the individual and finally ends up with its death. During the process of ageing, the physical functions of the body slowly deteriorate demanding greater coping skills on the part of the ageing person to adjust to the environment. In addition, there are problems caused by others in the society because of their unfavourable attitudes (Grimby & Wiklund, 1994). Various psychological components (depressed mood, loneliness) and physical components (fatigue, pain) experienced in old age effect quality of life (QoL) in nursing homes. Grimby & Wiklund, (1994) found that the strongest factors contributing to low QoL according to were depression and loneliness, i.e. the psychological aspects of QoL were found to be experienced by old age people . Similar findings have been reported in other studies too (Jensen et al. 1994; Lindgren et al., 1994; Newsom & Schulz, 1996; Fassino et al,. 2002; Steen et al., 2001).

Depression is one of the most common psychiatric disorders that afflicts older adults, even though it is not a normal aspect of aging. Chronic depression has both physical and mental consequences that may complicate an older adult's existing health condition and trigger new concerns. There is evidence that some natural body changes may increase a person's risk of experiencing depression. Recent studies suggest that lower concentrations of folate in the blood and nervous system may contribute to depression, mental impairment and dementia. As a psychiatric disorder, depression includes emotional and physical symptoms. Aging often is accompanied by losses—the loss of occupation, the loss of a spouse, the loss of financial security, the loss of prestige and status, the loss of friends or relatives. Sometimes a major loss in one of these areas

precedes depression (Silk, 2013) .Ku, Fox et. al (2011) studied the reciprocal associations between changes in physical activity and depressive symptoms in a population-based sample of Taiwanese older adults. They reached on the conclusion that the physical activity engagement in later life is associated with a lower risk of subsequent depressive symptoms, but the reverse association is not supported.

In general, self concept and self-esteem appear to be relatively stable with aging. This may reflect a growing coherence of the life story with aging. By late life, the life history report is an important indicator of wellbeing, especially for elderly persons in institutions. But the health problems that affect morale most adversely are those that cannot be coherently incorporated into a life story (Sullivan, 1997).Benito, Louis et al (2010) assessed the association between morale and mortality.

Morale was assessed using the Philadelphia Geriatric Center Morale Scale. They concluded that the low morale may be an independent predictor of mortality in the elderly. Similarly Anthony (2007) identified the factors that influence the self-advocacy expressions of elderly African Americans using Multi-dimensional Health Locus of Control Scale and the Philadelphia Geriatric Morale Scale. Statistically significant differences were found between males and females and educational levels on the Powerful Other Subscales.

Methodology

VARIABLES

Independent variables: Old age and Gender.

Dependent variables: Depression and Morale.

Objectives

To assess the level of depression among institutionalized males and females of Jammu.

To assess the level of morale among institutionalized males and females of Jammu.

Hypotheses

There will be no significant difference in the level of morale among institutionalized older males and females of Jammu.

There will be no significant difference in the level of depression among institutionalized older males and females of Jammu.

Experimental Design

A 2X2 factorial design consisting of two independent variables (Old age and Gender) and two dependent variables (Depression and Morale) was used in the study.

Method

Participants

The present study consisted of 30 participants (15 old males and 15 old females) from an old age home situated in Amphalla, Jammu. The age range of participants was 60-80 years.

TOOLS

Geriatric Depression Scale (GDS) was first created by Yesavage et al.,(1982) and has been tested and used extensively with the older population. It is a brief questionnaire in which participants are asked to respond to the 30 questions by answering Yes or No in reference to how they felt on the day of administration. Score of 0-9 are considered normal, 10-19 indicate mild depression and 20-30 indicate severe depression.

Validity/Reliability: 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.

The Philadelphia Geriatric Center (PGC) Morale Scale provides a multidimensional approach to assessing the psychological state of older people. It has been developed by M. Powell Lawton and his staff in 1972 and revised in 1975 at the Madlyn and Leonard Abramson Center for Jewish Life (formerly the Philadelphia Geriatric Center) in response to longer, more complicated tools, some of which conceptualize morale as one-dimensional. The PGC Morale Scale is designed to provide a measure of morale appropriate for very old or less competent individuals, as it uses simpler wording in its items and less complex response formats. Scoring is straightforward: It has 17 items.

Validity (Quantitative): The PGC Morale Scale correlates strongly with the most comparable alternative, The Life Satisfaction Index (LSI). A correlation of 0.57 was obtained with LSI and 0.74 with LSIZ. Factor analysis of the scale identified three main factors, namely, agitation, dissatisfaction and attitudes towards one's own aging with alpha internal consistency coefficients of 0.85, 0.81 and 0.85 respectively.

Reliability (Quantitative): Test-retest reliability ranged from 0.91 after five weeks to 0.75 after three months.

Procedure

The total sample of the study was 30 (15 old males and 15 old female) which was collected from an old age home situated in Amphalla, Jammu. In the initial visit permission was taken from the concerned authorities of the old age home. The whole study was conducted in a period of one month by visiting every alternate day.

Results

The present study was undertaken in order to analyze depression and morale among the institutionalized males and females of Jammu. After data collection and scoring, the data were put to statistical analyses so that the formulated hypotheses could be tested.

TABLE-1

Mean, S.D and t-Values For Morale Among Elderly Males and Females.

Category	Mean	S.D	t-value	Significance level
Male	10.93	1.65	4.01	Significant at both levels
Female	7.8	2.4		

The above given data in the table shows that in case of morale the mean of the elderly males is 10.93, whereas that of females is 7.8. And the t-value is 4.01.By referring the table of critical values of t, the value at0.05 level is 2.05 and at 0.01 level it is 2.75. This shows that there exists a significant difference between the elderly males and females in case of morale. Hence the hypothesis is rejected.

Table-2
Mean ,S.D and t-values for DepressionAmong Elderly Males And Females

Category	Mean	Sd	t-value	Significance level
Males	16.73	3.36	3.80	significant at both levels
Females	21.6	3.52		

From the second table it was found that the mean of depression of old males is 16.73 and that of females is 21.6. Where in the t-value was 3.80. By referring the table of critical values of t, the value at 0.05 levels is 2.05 and at 0.01 levels it is 2.75. This shows that there exists a significant difference between the elderly males and females in case of depression. Hence the second hypothesis regarding the level of depression among institutionalized males and females is also rejected.

Discussion

The results of present study showed that in case of depression the mean of old males was 16.73 and mean of old females was 21.6. And the t-value was 3.80. By referring to the table of critical values of t, the value at 0.05 level was 2.05 and at 0.01 level was 2.75. Evidently there exists a significant difference between the old males and females on Geriatric Depression Scale (GDS). Hence the first hypothesis with regard to depression is rejected. And in case of Lawton's Morale Scale (LPGC) the mean of the old males was 10.93, while the mean of females was 7.8. And the t-value was 4.01. Hence by referring to the table of critical values of t, the value at 0.05 level was 2.05 and at 0.01 level was 2.75. Subsequently the second hypothesis with regard to morale is also rejected. The review of related literature provided a number of studies which corroborated with the results of the current study. Whereas there were many whose results/ findings were antagonistic to the results of the present study. Several of the corroborating studies were like this:- Wahyudi ,Setiate et al. (2010) investigated the risk factors for depressive symptoms in geriatric outpatients. Multiple logistic regression showed that the variable which independently associated with depressive symptom changes was uncontrolled chronic kidney disease and that the uncontrolled chronic kidney disease was a risk factor for depressive symptom changes in geriatric outpatients. Mancini, Quinn, (1981) examined morale in regard to 16 health indicators. Probability techniques were used to draw a sample of 104 no institutionalized people, 65 years of age and older. Morale was divaricately related most to the individual measures of fatigue, comparative health level, visual acuity, and general self-rated health. A multiple regression analysis indicated that morale was reported to be higher among those who felt more rested upon wakening in the morning, who had better visual abilities, and who saw their health level as being at least as good as in the past. Loke, Abdullah et al. (2011) examined that the relationship between morale measured by the Philadelphia Geriatric Morale Scale (PGC) and disability, social support, religiosity, and personality traits and the results show that all instruments showed clear relationships with PGC, with WHODAS-II and DUSOCS performing well. For PGC domains, attitude toward aging and lonely dissatisfaction trended together, while agitation did not. Subsequently, the results of present study were that the mean of depression of old males is 16.73 and mean of depression of old females are 21.6. Where the t-value was 3.80. By referring the table of critical values of t, the value at 0.05 levels is 2.05 and at 0.01 levels it is 2.75. This shows that there exists significant difference between the old male and female on Geriatric Depression Scale(GDS). Hence the first hypothesis of no significant difference in the level of depression among institutionalized older males and females is rejected . And in case of Lawton's Morale Scale (LPGC) the mean of depression of the old male is 10.93, while the mean of female is 7.8. And the t-value=4.01.By referring the table of critical values of t, the value at0.05 level is 2.05 and at 0.01 level it is 2.75. Hence the second hypothesis of no significant difference in the level of morale among institutionalized males and female of Jammu is rejected.

Conclusion

The present study indicated that the Depression level was high in institutionalized females than the males on Depression (Geriatric Depression Scale) but the level of Morale was high in institutionalized males than females on LPGC (Lawton's Philadelphia Geriatric Center).

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