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Evaluating the effectiveness of nursing interventional package on physical and emotional wellbeing of elderly people living in selected old age homes of Punjab

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***Abstract*---**Background: Despite being delicate and helpless, the old could contribute monstrously to the development of the network given that they are appropriately thought about. It's a test for each to instruct them for a sound and dynamic maturing. There are various welfare schemes are services provided to elderly population by each and every Government but this is also true that in past few years' number of old age homes are increasing in numbers. Increased old age homes are occupying high number of elderlies but their quality of life is at great question. Therefore, to sensitizing this matter resent a study projected with an aim to assess the effectiveness of nursing intervention package on physical and emotional well-being of elderly residing at selected old age home of Punjab. Method: This was quasi-experimental research in which total 200 old agepeople were recruited by using non-probability purposive sampling technique and then randomly allocated to two groups the experimental and control group. Experimental group has received an intervention named as nursing intervention package which consisted educational awareness, group therapy and exercise regimen. The pre-test and post-test data were collected by developed tools which is also checked for their feasibility. These tools were Physical Well-Being Assessment Scale (PWB-AS) and Emotional Well-Being Assessment Scale (EWB-AS). Results: There were two groups and analysis organized, in which among experimental group highest number of elderly 49 (49%) aged in between 66 to 70

years, the maximum number of them 57 (57%) were male whereas in control group max number of elderlies 37 (37%) aged in between 60 to 65 years, maximum number of elderlies 61 (61%) were male. The analyzed data revealed that the mean difference of experimental group was 11.73 while in control group it was 0.58 and F ratio identified as 10.40 which reflected that among both the group, there is significant difference in terms of level of physical well-being among elderlies. Further, it found that the mean difference of experimental group was 15.49 while in control group it was 0.39 and F ratio identified as 11.25 which reflected that among both the group, there is significant difference in terms of level of emotional well-being among elderlies. Conclusion: The study concluded that the provided nursing intervention package found effective to improve the physical and emotional well-being of elderlies and recommended to use these tools and intervention with larger sample size to enhance the generalization of this intervention.

***Keywords*---**Physical well-being, Emotional well-being, Elderly, Old age homes.

Introduction

Aging is the bio-psychosocial procedure of changes that happens in an individual among birth and passing. Future having risen everywhere throughout the world and major contributing element is all advances in prescriptions and nursing care and this is of worry to each country to have the option to take care of its old populace. Maturing demonstrate that it is a dynamic procedure related with decreases in structure and capacity, impeded support and fix frameworks, expanded powerlessness to malady and demise, and diminished conceptive limit.(1)

In India, as indicated by Population Census 2011 there are about 104 million older people (matured 60 years or above) in India; 53 million females and 51 million males. This was mentioned that a total of 8.6% of population shared by elderly in India by year 2016 and estimated to increase in coming years. This 8.6% further found different in terms of rural and urban area and by gender basis as well, which covers in rural 8.8% and in urban 8.1% of total population share. When we visualize the same statistic in our state of Punjab then we found that this percentage is even higher than average percentage of nation. In Punjab it estimated 10.3% of population share belongs to elderly population. In head counts total of 2866 thousands elder populations live in Punjab in which 1422 thousands are male and remaining 1444 are female elderly. Further 1958 thousands of elderly lives in rural Punjab whereas remaining 908 thousand live in urban Punjab location. Among all states and Union Territory of India, Punjab states falls at 4th numbers in terms of highest old age population share in total population after Kerala, Goa and Tamil Nādu. One the reason behind this is to having very good life expectancy at birth and at age of 60 years, as per present

data Punjab stand at third position after Kerala and Tamil Nādu for highest life expectancy at birth which is 69.1 for male and 73.1 for females, whereas at the age of 60 years, for males, Punjab has the highest life expectancy is 19.3 years.(2) In India there are 76 million elderly people constituting 7.7% of the total population.(3)

The growing number of older people means that more and more people will enter the age when the risk of developing chronic and debilitating disease is significantly higher.(4) Though at present situation the number of old age homes are getting increase but if you look back the traditional view of Indian culture then it's a real realization that India always favors Joint family culture where old age homes were not the part of it but slowly societal reforms and mutation to pattern of society took place which have so many of identified reasons of establishing old age home. There are various reasons behind it and some of reasons as evidenced were like that soon after marriage the young couple look an opportunity to stay away from older parents in many of cases, one more reason which is saying that in some of cases the children are behaving like devil character where they ask their parents to stay with them in separated conditions like mother will stay with one child and father will stay with another child and after sometime they will be mutually transferred. This kind was mentioned as in-human kind of treating aged parents in this article. (5) The demand for old-age homes in India is increasing in much faster way, as one study by Samarth foundation in year 2018, total of 97000 elderly were staying in old age homes and it is anticipating that this number will get increase by 900000 in almost next 10 years. (6)

Since the existing literature and statistic about population share of older people among total population of India and especially for the state of Punjab. One clear indication is drawn out from these literature is that the generation is getting older and number of old people are adding in the list and already in Punjab more than 10% of total population is shared by elder population, so it become very important to have enough concentration of wellbeing of this mass population category. As we understand that elderly is always considered under vulnerable population because of many limitations in terms of health. These facts sensitized the researcher to take up a project to understand the physical and emotional well-being of elderly by developing an assessment scale and being a health care researcher, then assess the effectiveness of an evidence-based nursing intervention package on physical and emotional well-being.

Objective

To evaluate the effectiveness of nursing intervention package on physical and emotional well-being among elderly people living in old homes of Punjab.

Materials and Methods

A quantitative research with quasi-experimental research design with Non-Equivalent Control Group Pre-Test and Post-Test Design was adopted for the study. By using non-probability purposive sampling technique, the researcher

recruited 200 samples for the study later these sampleswere randomly allocated to two groups (100 old age in each group) named as experimental and control group. The study participants were the old age people from selected old age home of Punjab. Implementation of nursing intervention package was an independent variable while the physical and emotional well-being of elderly worked as dependent variable. These instruments assessed for validity and reliability and categorized into three sections viz. Section I (Socio- demographic variables) section-II (Physical Well- Being Assessment and Emotional Well-Being Assessment Scale) and section-III (Nursing intervention package). Pre-test assessment of physicaland emotional well-being were measured and then nursing intervention package were administered to each participant in experimental group The nursing intervention package consisted training on educational awareness, group therapy and exercise. Post-test was done on 60th day. The gathered data was analyzed in SPSS-23 version.

Results and Discussion

Obtained information were analyzed and grouped as per objectives of the study. The result reflected in tabular and graphics form. Table-1 communicated the frequency of socio- demographic variables of study participants.

Table-1 Frequency and Percentage Distribution of Socio-Demographic Variablesamong old age people:

N-200

Sr. No.	Socio-demographic Variable		Experimental Group (N-100)		Control Group (N-100)		Chi-square	P value
			F	%	F	%		
1.	Age	60-65	28	28	37	37	6.622	0.124
		66-70	49	49	31	31		
		71-75	16	16	29	29		
		>75	7	7	3	3		
2.	Gender	Female	43	43	39	39	0.743	0.131
		Male	57	57	61	61		
3.	Religion	Hindu	33	33	28	28	3.288	0.085
		Muslim	4	4	9	9		
		Christian	38	38	46	46		
		Sikh	25	25	17	17		
4.	Marital Status	Married	81	81	79	79	0.102	0.091
		Unmarried	0	0	1	1		
		Widow/ Widower	17	17	18	18		
		Divorced/ Separated	2	2	2	2		
5.	Educational Status	No formal education	3	3	7	7	0.683	0.147
		Primary	9	9	11	11		

		Middle school	4	4	18	18		
		Higher Secondary	31	31	27	27		
		Graduation	49	49	30	30		
		Higher than graduation	4	4	7	7		
6.	Nutritional status as per Body Mass Index (BMI): Weight in Kg/Height in m^2	Underweight (<18.5)	26	26	17	17	5.204	0.254
		Normal weight (18.5-24.9)	18	18	24	24		
		Pre-obesity (25-29.9)	29	29	36	36		
		Obesity Class-I (30-34.9)	14	14	10	10		
		Obesity Class-II (35-39.9)	8	8	9	9		
		Obesity Class-III (>40)	5	5	4	4		
7.	Are you suffering with any chronic disease?	No disease	18	18	17	17	8.029	0.158
		Diabetic mellitus	22	22	16	16		
		Hypertension	29	29	31	31		
		Cardiac disease	17	17	13	13		
		Liver diseases	14	14	23	23		
8.	Financial Support:	Own savings	22	22	19	19	3.585	0.142
		Pension	21	21	18	18		
		Depends on children/family/relatives	57	57	63	63		
9.	Duration of stay at old age home	<1 year	8	8	27	27	1.504	0.238
		1-3 years	29	29	14	14		
		3-5 years	52	52	49	49		
		>5 years	11	11	10	10		
10.	Reason to stay at old age home	Family pressure	72	72	61	61	2.254	0.137
		Own choice	2	2	6	6		
		Better facilities	9	9	4	4		
		No other choice	17	17	29	29		

Data presented in Table I revealed that among experimental group the highest number of elderly 49 (49%) aged in between 66 to 70 years, the maximum number of them 57 (57%) were male, max number 38 (38%) were belongs to

Christian religion, highest number of elderlies 81 (81%) were married, while their educational status, the bulk number of elderlies 49 (49%) were graduated, as per nutritional status of elderlies based on their BMI (Body Mass Index) calculation the majority of them 29 (29%) were categorized in pre-obesity category, top number of elderlies 29 (29%) are suffering with hypertension, financially max number of elderlies 57 (57%) were dependent of their children/family or relatives, highest number of elderlies 52 (52%) are staying in old age home from last 3 to 5 years, then as per stated reason of remain at old age home the majority of them 72 (72%) were there due to family pressure. Among control group the max number of elderlies 37 (37%) aged in between 60 to 65 years, maximum number of elderlies 61 (61%) were male the max number 46 (46%) were belongs to Christian religion, highest number of elderlies 79 (79%) were married, bulk number of elderlies 30 (30%) were graduated, then as per their BMI calculation the majority of them 36 (36%) were categorized in pre-obesity category, top number of elderlies 31 (31%) are suffering with hypertension, while looking to their financial support, max number of elderlies 63 (63%) were dependent of their children/family or relatives, highest number of elderlies 49 (49%) are staying in old age home from last 3 to 5 years, and majority of them 61 (61%) were there due to family pressure. Further it was revealed that all demographic variables were found homogenous in between experimental and control group

Table-II: Comparing Mean, Mean Difference, degree of freedom and F ratio of pre-test and post-test physical well-being of elderly among experimental and control group:

Two Groups	Mean		Mean Difference	d.f.	F Ratio
	Pre-test	Post-test			
Experimental Group	13.89	25.62	11.73	1	10.4*
Control Group	17.28	17.86	0.58		

* Significant at level of <0.05

Above placed table reflected a comparison among experimental and control group. It found that the mean difference of experimental group was 11.73 while in control group it was 0.58 and F ratio identified as 10.40 which reflected that among both the group, there is significant difference in terms of level of physical well-being among elderlies.

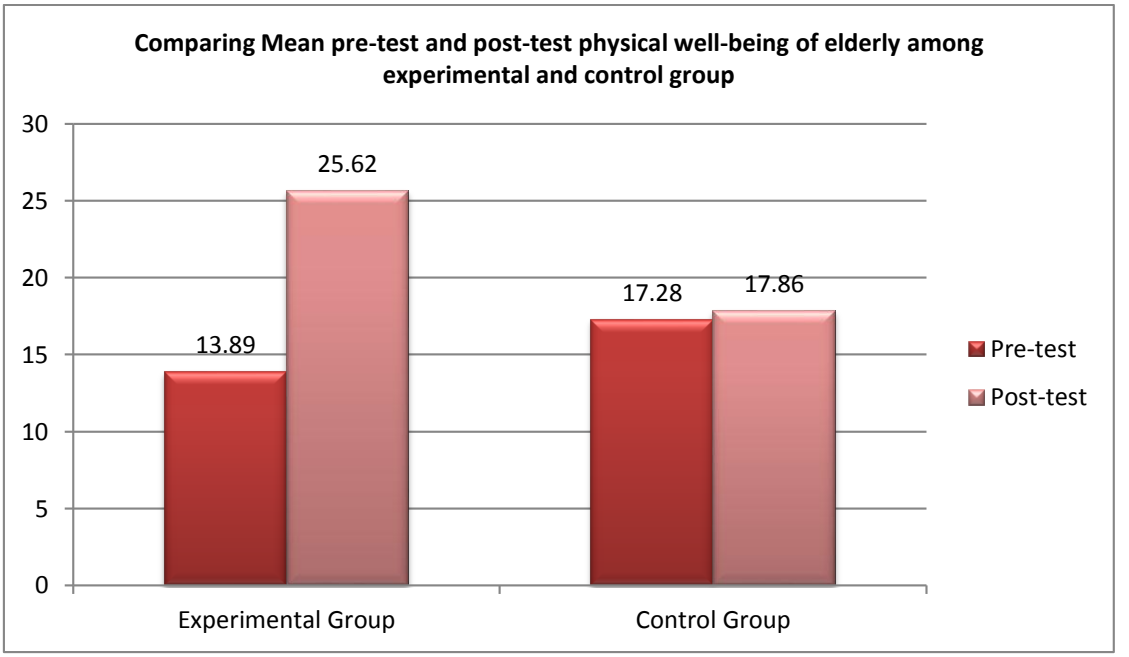

Figure 1. Comparing Mean pre-test and post-test physical well-being of elderly among experimental and control group

Table-III Comparing Mean, Mean Difference, degree of freedom and F ratio of pre-test and post-test emotional well-being of elderly among experimental and control group:

Two Groups	Mean		Mean Difference	d.f.	F Ratio
	Pre-test	Post-test			
Experimental Group	10.82	26.31	15.49	1	11.25*
Control Group	13.28	13.67	0.39		

* Significant at level of <0.05

The stated table reflected a comparison among experimental and control group. It found that the mean difference of experimental group was 15.49 while in control group it was 0.39 and F ratio identified as 11.25 which reflected that among both the group, there is significant difference in terms of level of emotional well-being among elderlies.

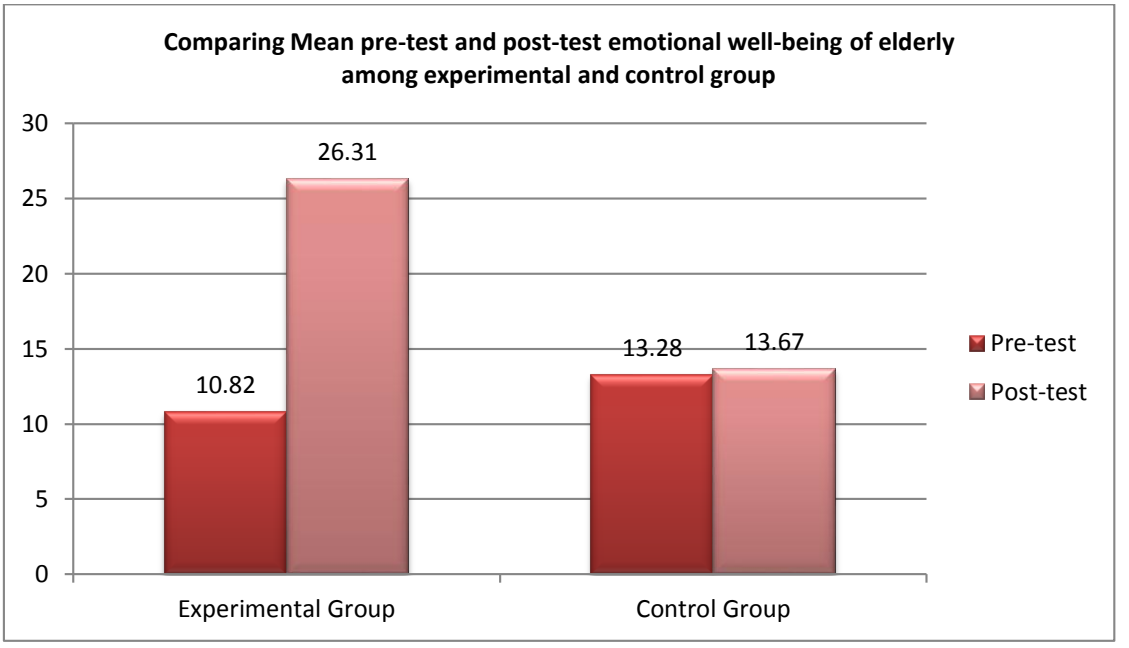

Figure 2. Comparing Mean pre-test and post-test emotional well-being of elderly among experimental and control group

Table: IV: Z-test value of pre-test physical well-being level among elderly with selected socio-demographic variables in experimental group:

N-100

Sr. No.	Socio-demographic Variable	Z test	P value	Significant/ Non-significant
1.	Age	4.245	0.376	NS
2.	Gender	2.09	0.698	NS
3.	Religion	5.98	0.235	NS
4.	Marital Status	3.247	0.276	NS
5.	Educational Status	9.012	0.436	NS

6.	Nutritional status as per Body Mass Index (BMI): Weight in Kg/Height in m^2	5.98	0.235	NS
7.	Are you suffering with any chronic disease?	3.984	0.178	NS
8.	Financial Support:	4.278	0.352	NS
9.	Duration of stay at old age home	5.247	0.247	NS
10.	Reason to stay at old age home	2.58	0.013	S

Above placed table specified that the z test value at pre-test physical well-being level among elderly with selected demographic variables in experimental group. The analysis report communicated that only one demo-graphic variable reason to stay at old age home ($p<0.013$) found significantly associated with pre-test physical well-being level among elderly, as their calculated p value found lesser than the assumed p value of <0.05.

Discussion

Presented analysis of the study revealed that among experimental group and control group are homogenous and stated that majority of participants at experimental group were aged in between 66 to 70 years, they were male, Christian by religion, highest number of elderlies were married, the bulk number were graduated, as per nutritional status of elderlies based on their BMI (Body Mass Index) calculation the majority of them were categorized in pre-obesity category, top number of elderlies were suffering with hypertension, financially max number of elderlies were dependent of their children/family or relatives, highest number of elderlies were staying in old age home from last 3 to 5 years, and majority of them were there due to family pressure. A study by Violin Sheeba et al (2015) has studied assessing effectiveness of activity therapy on emotional well-being of elderlies staying at old age home of Kanyakumari. Their study findings are supporting present study findings by stating that majority of elderlies 35% belongs to age group of 66-70 years, then highest of them 50% were married,

majority of them 70% were belongs to Christian religion, and max number of elderly 36.6% were there at old age home from past more than 3 years. Whereas some of challenging facts were observed such as majority of them 53.3% were females, bulk of them 56.6% were dependent of old age home for their financial incomes, and top number of elderly 63.3% were having no formal education.(7) Another study by Bince Varghese et al (2020) communicated in their findings in supportive to present study such as majority of old age home residents 60% were male while some of findings were challenging to present study such as maximum number of old age 46.7% were aged in between 60 to 65 years, max number of them 46.7% were widow/widower and highest number of elderly participants 63.3% were remain at old age home from less than three years of time.(8)

Among experimental group the mean difference of pre-test physical well-being and post-test was found as 11.73±0.17, whereas in control group the mean difference was found as 0.58±0.10. It found that the F ratio identified as 10.40 which reflected that among both the group, there is significant difference in terms of level of physical well-being among elderlies. Similarly, among experimental group the mean difference of pre-test emotional well-being and post-test was found as 15.49±1.89, while in control group the mean difference was 0.39±0.13. It found that the F ratio identified as 11.25 which reflected that among both the group, there is significant difference in terms of level of emotional well-being among elderlies. A study by Antonella Delle Fave et al (2018) stated that a training program provided to elderly population and then visualized its impact on emotional well-being. The study findings are little challenging to present study findings by mentioning that in their study they found high well-being score as in pre-test mean with variation was 9.64±2.50 with range from 4 to14 while in post-test it was 9.87±2.88 with range from 2 to15.(9) An investigation by Nuria Garatachea et al (2009) mentioned that physical function and physical activity are related to feelings of well-being, and results emphasize the positive functional and psychological effects of physical activity in dependent subjects.(10) R. Roswiyani et al (2019) stated that the art intervention had a significant positive effect on well-being, in particular in the domain of social relations. It also led to a decrease in depressive symptoms, as did the integration intervention.(11) Another investigation by Abdel-Hady El-Gilany and Raefa Refaat Alam (2017) communicated that there is an improvement of the overall median life satisfaction score in the immediate post-intervention of nursing program among elderly and two months after intervention. These improvements are statistically significant with P=0.001. Also, the overall median happiness score improved from 14 up to 19.5 and 20 in the immediate and two-months post intervention; respectively. These improvements are statistically significant with P=0.001.(12)

Limitations of the study

Present study limited to Selected old age of Punjab State and only elderly who were present during the time of data gathering process.

Conclusion

Investigator focused on findings and suggesting that the intervention nursing intervention package found effective to improve physical and emotional well-being among old age people. This study provided all possible evidences to test the developed nursing intervention package by organizing a larger sample study to enhance the probability of generalization.

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