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Self-Esteem and Psychological Well-Being of the Elderly Living with Families and in Old Age Homes: A Comparative Study

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Abstract

Self-esteem is an important aspect of the adaptive processes at all stages of life and especially in older adults. It is linked to the quality of adaptation, well-being, life satisfaction and health. The present research examined the self-esteem and well-being of elderly people living with their families versus those living in old age homes. Data was collected from 60 adults of age group 60-80 years, of which 30 individuals were residing at old age homes and 30 living with their families. Two standardized instruments used to collect the data in this research were Rosenberg's self-esteem scale and Friedman's well-being scale. The t-ratio was calculated to find out the difference between two groups quantitatively. Qualitative analysis was also done based on interviews of elderly persons. It was hypothesized that there will be no difference in self-esteem and wellbeing of the elderly living with their families and of those living in old age homes. Quantitative analysis supported the hypothesis. However, qualitative analysis revealed that there is difference between both the groups. People living in old age homes have more problems in areas of guilt, happiness, calm, social deviation, independence, willingness to work, optimism, and loneliness than those living with their families.

Key words: *Old age, Self-esteem, Psychological Well-being and life satisfaction.*

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Introduction

Self-esteem rises steadily as people age but starts declining around the time of retirement. Self- esteem is related to better health, less criminal behavior, lower levels of depression and overall, greater success in life (Wrich Orth). Self-esteem is the dimension of the self system that is composed of the attitudes that an individual has about himself or herself (Rosenberg, 1979). It is based on the development of identities within roles and on the evaluation of performance in various roles (Gecas, 1982). Self-Esteem is a crucial element in the larger conceptualization of quality of life. It is closely related to concepts of life satisfaction, well-being, and morale and research in any of these areas is often applicable to the understanding of self-concept and self-esteem (George and Bearon,1980). There is strong evidence that self-esteem remains stable or improves slightly with ageing (Demo, 1992; Breytsproak, 1934). In an exhaustive review of the empirical literature on self- conception (Beargtson, Reedy and Gordon, 1985) reported that self-esteem was higher for older cohorts in most of the cross-sectional studies reviewed. From a traditional symbolic interactionist view ageing with its inherent role losses, could be a time of loneliness and existent despair (Gove, Ortega and Style, 1989; Marshall, 1979).

When elderly become too frail to manage at home or when their care giver cannot take care of them any longer, many want more assistance than they receive, this is one of the reasons why are elderly is taken to a long term care institution. Old age homes are facilities for

elderly people who need care, the primary goal of an institution for elderly people should be to maintain interest in life, not just maintaining life (Heumann et al).

Old age homes function mostly as institution, they work on a schedule therefore residents have to wait for things. There is a lack of personal space and an increase in the amount of time one spends in public places. Old age homes tend to take away many of the individual choices that people have in their lives. The result is that residents can have a feelings of loss of control over themselves (Silin, 2001). Inability of an elderly to perform activities of daily living (ADL) and instrumental activities of daily living (IADL) necessitate external assistance, the amount of assistance necessary is a function of their level of independence. For many long-term care residents independence in certain areas is not obtainable therefore these areas are identified as functions necessitating assistance or total help (Hyer and Robert, 2006). Staffing of old age homes influence the well-being of elderly clients, it is often hard to obtain good care. There is a difference between good care and good caring: good care means up to date and competent professionals practice from all the staff members in old age homes. It can only come from people who have training and knowledge in the field of geriatrics. Registered staff should have been through a training program that teaches them about how to provide direct care to fragile, impaired elderly persons. This means that they have access to geriatrics physicians and geriatric mental health providers. Their pharmacists should be knowledgeable about medication for elderly persons (Silin, 2001). Well-being is usually defined in terms of satisfaction with the overall and current life and happiness. Overall subjective well-being or emotional well-being measures, consists of individuals assessments of their lives (Blanch flower and Oswald, 2001). Current well-being measures the focus on current circumstances (Sarvimaki and Stonbock-Hult, 2000). On the other hand objective well-being is associated with living conditions examples are basic needs and satisfying these needs determines people's well-being (Delhey, 2002; Bowling, 2005).

Symbolic interactionism is a framework for understanding human perceptions and behavior. It supports the idea that humans actively construct the reality of their social world. From a symbolic perspective individuals are not born with a self, but constructs a self through interaction with the environment using symbols shared by members of their culture. (Larossa & Reitzes, 1993). The most fundamental proposition of symbolic interactionism is that structured role relationship impact of the self and through the self and through the self on social behavior. (Gecas,1982 ; Stryker& Serpe, 1982).

Roles are culturally determined norms applied to the occupation of social positions. Roles specify abilities and behaviors of occupants and provide definitions for feelings associated with role-specific behavior (La Rossa & Reitzes,1993). Thus, role occupancy provides much of the meaning individuals attribute to the self.

We come to define ourselves through interaction with others and with the environment and our occupation of roles provides a vehicle for organising much of that self awareness. The name or symbol, given to a role prescibes behavior appropriate to the role and has associated with it standards for evaluating role performance. The process of role specific behaviors is usually called role-taking (La Rossa & Reitzes, 1993).

Rosenberg (1979) proposed that the individual has strong motives for both self-consistency and self-esteem. Self consistency is the wish to protect the self-concept from change or to maintain a consistency self-picture.

Self-esteem on the other hand, is wish to think well of one's self. Both self-consistency and self-esteem are maintained by complex interactions between an individual's inner psychological world and roles enacted in the larger social world.

Symbolic interactionist theory includes a strong focus on the impact of role, occupancy on behavior, interactions and attitudes (La Rossa & Reitzes,1993). Occupancy of specific roles has been positively correlated with many measures of life satisfaction, well-being and self-esteem (Thoits, 1983).

There is some support for the theory that the quantity of roles occupied by an individual affects similar measures of the quality of life (Crosby, 1983; Spreitzer, Snydes & Larsen, 1979). Combinations of complexities of roles occupied have also been shown to contribute to self-esteem (Menaghan, 1989). Particular emphasis has been placed on the effects of balance among tttparenting, work and spouse roles on self-concept and self-esteem (Pugliesi, 1989).

In summary, symbolic interaction provides a strong theatretical framework describing the processess of self concept development and maintenance. It supports the idea that role occupancy is an important source of self-esteem in adults. From a symbolic interactionist perspective, the drive for self-consistency and self-esteem motivates behavior in adults and performance in roles provides a means for satisfying both driver.

Much attention has been given to the development of the self-concept in children and adolescents, with relatively little attention paid to adulthood (Demo, 1992). The major debate concerning self-concept in adulthood has been over stability versus change in aspects of the self-concept over time (Hooker, 1991). The consensus is that both stability and change occur (Braitsprank, 1984; Demo, 1992; Gecas & Mortimer, 1987; Hooker, 1991). Demo described self-concept as a "moving baseline" from which situational variations emerge.

One aspect of change in the self-concept associated with ageing is the general reduction in levels of social contacts (Casstensen, 1992). Evidently older people, especially those who have retired from paid work, exit from many formal roles. Much of the theory development in social gerontology has focused on explanations of the impact of these role changes on the elderly (Gove, Ortega & Style, 1989).

Two conflicting perspectives dominated the early history of social gerontology. Disengagement theories proposed that the withdrawal of elderly persons from social relationships was part of a larger process of mutual withdrawal between the aged individual and society. Mutual withdrawal was used as almost a definition of social ageing from this perspective. The withdrawal could be seen as a symbolic step toward death (Cumming & Henry, 1961). Activity theorists, on the other hand, viewed the withdrawal that seemed to characterize the social lives of the elderly as reflecting social pathology. According to activity theory, the withdrawal was due to obstacles to involvement placed in the way of the elderly.

In contrast to activity and disengagement theories partly in response to findings discomforting their predictions, continuity theory proposed that basic personality structures remain intact throughout adulthood and into old age. This continuity in psychological processes was thought to function as a compensatory mechanism to exist in coping with the changing social world of the aging adult. In this manner continuity was thought to contribute to the stability in many of the measures of life satisfaction, morale, well-being and successful aging (Atchley, 1988, 1989).

In most survey research, family involvement has a neutral or slightly negative effect on measures of life satisfaction, well-being and morale (Manci & Blieszner, 1989; Melanahan & Adams, 1987; Umberson & Gove, 1989). Lee & Shehan (1989) showed that friendship interaction was positively related to self-esteem whereas kinship interaction was not. They speculated that this finding was due to the mutual choice present in friendship and absent in kinship. The major role examined has been the parental role.

There is a strong evidence that self-esteem remains stable or improves slightly with aging (Demo, 1992; Breytsprank, 1984). In an exhaustive review of the empirical literature on self-conceptions Bengtson, Reedy and Gordon (1985) reported that self-esteem was higher in older cohorts in most of the cross-sectional studies reviewed. In the remaining studies there were no age differences found. Elderly persons are thought to be better integrated, to have fewer negative self attributes, and to be comfortable with their identities (Gove, Ortega & Style, 1989).

The cause of this maintenance of self-esteem in the face of aging is unclear. From a traditional symbol interactionist view, ageing with its inherent role losses could be a time of loneliness and existential despair (Gove, Ortega & Style, 1989; Marshall, 1979). The disengagement theories viewed existing from many roles as a normative part of aging (Cumming & Henry, 1961). Almost there are many role losses associated with aging the parental role is retest for life for older adults, even if active involvement is not possible. This study proposed that, with aging, the parental role becomes more central in the hierarchy of role/ identities possessed by the individual.

The objective of this study is that there is no difference in self-esteem and well-being of the elderly living with their families and of those living in old age homes.

Method

Participants

The present study is based on self-esteem and well-being of an urban sample of 60 individuals aged 60-80 years. Out of these, 30 were institutionalized and 30 were from family setup. All the elderly participants were non-working. The sample of first 30 participants were collected from the private funded old age homes and the other half of 30 were collected from the neighborhood societies.

Psychological Measures

The Rosenberg self-esteem scale is a tool for assessing global self-esteem. Psychologists and sociologists are common users for this instrument. Also, the instrument is a vital part of self-esteem measure in social science research.

The Freidman Well Being Scale was designed to study the psychological well-being and its relationship with social, psychological, economic, cultural and demographic variables. An increasing number of therapists, researchers and administrators have been interested in tracking changes in well-being, stress, and coping, self-esteem, positive and negative affect and thoughts, therapeutic process.

Reliability and Validity

The Rosenberg self-esteem scale presented high ratings in reliability areas ; internal consistency was 0.77, minimum Coefficient of reproductivity was at least 0.90 (M. Rosenberg , 1965). A varied selection of independent studies each using samples as parents men over 60, high school students, civil servants- showed alpha coefficients ranging from 0.72 to 0.87 (all fairly high). Test retest reliability for the two week interval was calculated at 0.85, the 7 month interval was calculated at 0.63(Silber & Tippet, 1965, Shorkey &Whiteman, 1978). The RES is closely connected with the Coopersmith Self Esteem Inventory.

The Friedman Well-Being Scale has an average Cronbach alpha reliability score of .94 over a number of studies. The test-retest reliability is .85 at 3 weeks, .81 at 5 weeks, .81 at 10 weeks and .81 at 13 weeks for a clinical population and .73 at 4 weeks for a college population.

Validity is the extent to which a measure captures what it is intended to measure. The criterion validity is 0.55.

The external or convergent validity correlation, i.e. the correlation among the ratings of husbands and wives or couples living together filling out the scale on one person, is .62. The Friedman Well-Being Scale also correlates substantially in the expected direction with over 100 clinical, personality, attitudinal, stress (including depression & anxiety), relational, marital and interpersonal scales and subscales.

Procedure

Two investigators administered the psychological inventories to the participants. In order to avoid as much as possible, the social desirability effect, participants were informed their participation was voluntary and confidential. They were requested to respond as honestly as possible and there was no time limit. The investigators provided the necessary help and made sure that the participants had completed the questionnaires correctly.

Results and Discussion

The objective of the research was to study the difference in the well-being and self-esteem of elderly living with their families with those living in old age homes. The data was collected from 30 elderly individuals from each of the mentioned groups. The two instruments used to gather data were Rosenberg's Self Esteem Scale and Freidman's well-being scale. The data was gathered and results were found out.

The variables which were studied in the research are as follows: Self-esteem, FWBC(calm, relaxed, at ease, contended, secure, self-confident, jovial, humorous, enthusiastic, happy, steady, stable, unemotional, guilt-free, not envious, assertive, self-assured, social, neighbourly, outgoing), FSOC(social, neighbourly, outgoing), FSES(self-confidence, assertive, self-assured), FJOV(jovial, humorous, enthusiastic), FES(calm, relaxed), FHAPP(happy).

The two group's scores were subjected to t-ratios analysis to know any significant difference in the self-esteem and well-being of the elderlies living with their families and those living in old age homes. A comparison of mean and SD was also done. To get a vivid picture of the study, the means of the different variables studied were also plotted on the graph. The following table shows the calculated mean, SD and t-ratios of the variables. The results of the t-ratios analysis are shown in the table.

Table 1:Mean, standard deviation and t ratio of the participants.

Variables	Old age homes		With families		t ratio
	MEAN	S.D	MEAN	S.D	
Fwbc	64.73	12.18	59.75	14.96	.773
Fsoc	64.16	15.16	60.19	18.83	.90
Fses	65.21	15.54	59.93	21.01	1.10
Fjov	64.16	15.16	60.19	18.83	0.90
Fes	56.31	16.49	58.41	17.00	-4.87
Fhapp	67.66	25.41	71.66	23.20	-6.37
Se	17.63	4.01	18.93	3.80	-1.28

The results of self-esteem and wellbeing shows no difference in the elderlies living in old age home and living with their families. To avoid repetition, the differences were discussed together. The table shows the mean, SD and t-ratios of the variables FWBS, FSOC, FSES, FJOV, FES, FHAPP and SE of elderlies living in old age homes and those living with their families respectively.

The t-ratios analysis given in the table shows that there is no significant difference in the variable FWBS of elderlies living in old age homes and those who are living with their families (t=0.773).

The t-ratios analysis given in the table for the variable FSOC is that there is no significant difference of elderlies living in old age homes and those who are living with their families(t=0.90).

By using t-ratios given in the table shows no significant difference of the variable FSES of elderlies living in old age homes and those who are living with their families (t=1.10).

The t-ratios analysis given in the table for variables FJOV, FES, FHAPP & SE is that there is no significant difference which means that both the groups are relatively same (t=0.90, -4.87, -6.37& -1.28)) respectively.

Both elderly people living in old age homes and who are living with their families have insignificant difference in their self-esteem and psychological well-being.The general feelings of the elderly women living in the families had better position than that of the elderly women living in institutions. Better social relations were maintained by family dwellers because they had regular interactions, expressions of feelings and support from the family. The existing condition of the elderly women living in the institution was that they felt lonelier, had a lower satisfaction with life. (Dubey, A. ;Bhasin, S.; Gupta, N. ,2011)

In a research study conducted by Suzanne Cahill and Ana Diaz in association with Dementia Services Information and Development Centre demonstrated that what residents valued most are various factors. Residents particularly valued frequent contact with family members and regular visits from close relatives. Residents valued privacy and intimacy. Residents enjoyed socializing with other people and such interactions were reported as generating a great deal of pleasure. Residents had different "significant" people in their lives- these included staff members, old friends visiting and new friends made in the old age home. Activities allayed boredom and were much appreciated. Religion either practised through Mass, the Rosary or prayer was deemed very confronting to many. Nursing home staff and interactions with staff were also identified as key factor influencing a positive quality of life.

Figure 1: Graphical representation of standard deviation of the two groups.

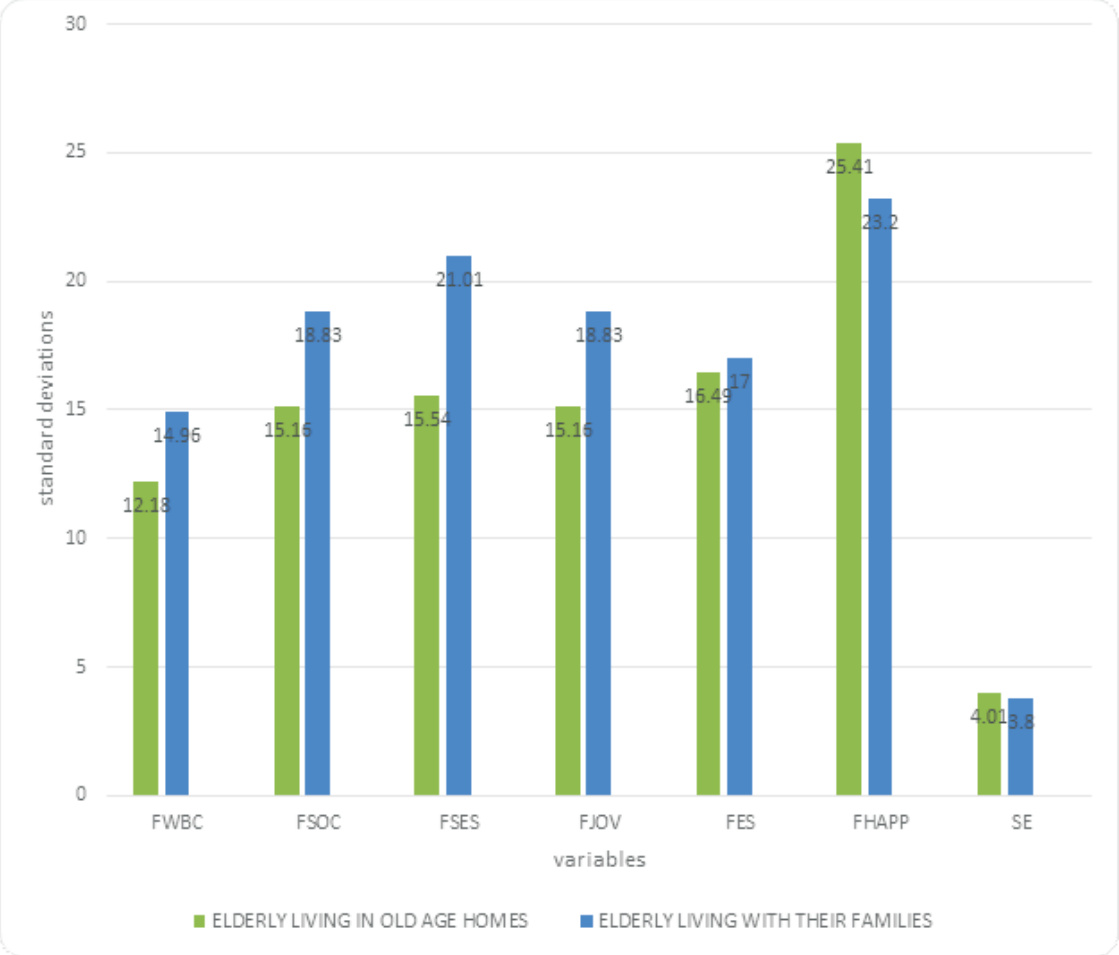
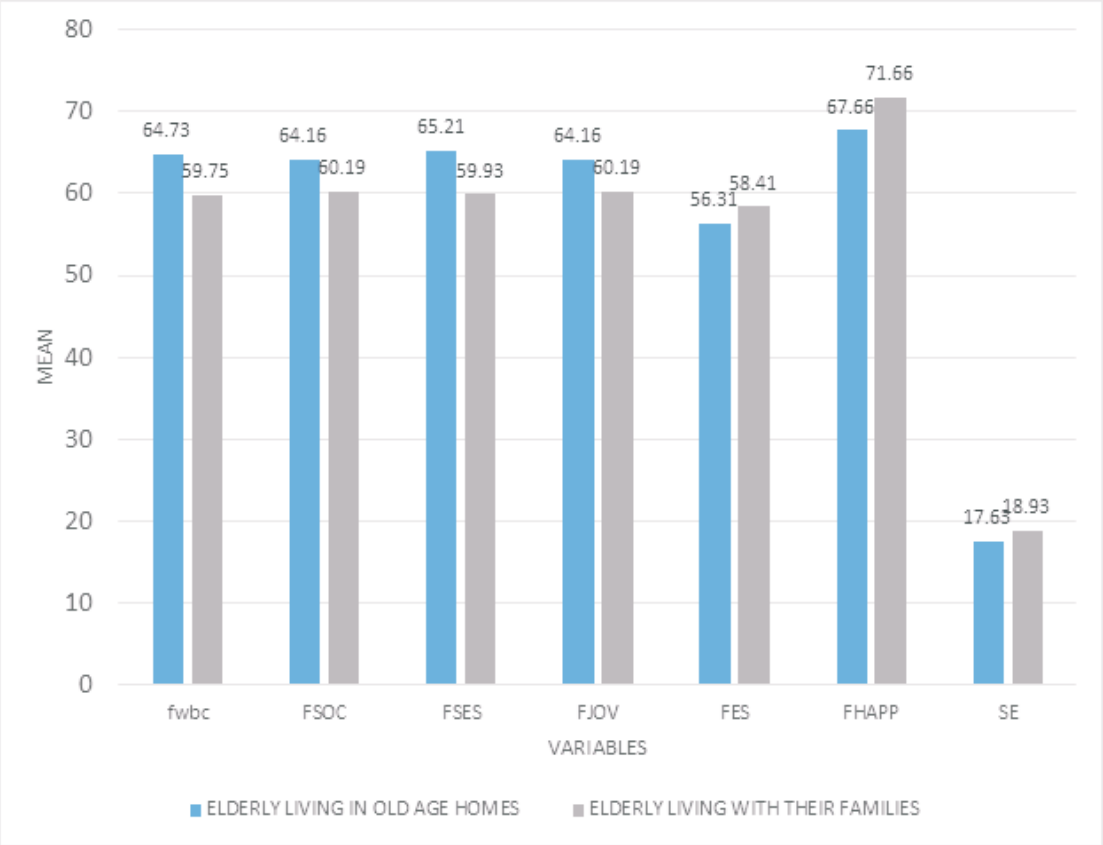


Figure 2: Graphical representation of mean of the two groups.



According to the qualitative analysis the result found to be in favour of in the differences in psychological well-being and self-esteem of both the groups. Semi-structured interview was used by the investigators and researchers to gather the information. Quantitative analysis contradicts the qualitative analysis. Elderly people living with their families have more life satisfaction, psychological well-being and higher self-esteem.

Elderly people living in old age home have more problem in areas of guilt, happiness, calm, social deviation, independence, willingness to work, optimism and loneliness than those living with their families.

It was reported that elderly people residing in old-age homes were high on guilt. Few participants stated that "without any of the valid reason they threw us out of our own house or may be due to our own karma."

Elderly people who were residing in old age homes were more socially deviated from those of living with their families. It can be stated by – "blood relations are of more importance but love and affection given by others are also equally valuable because we don't have other support to rely on".

"We have made our children eligible to work and earn so that now we can have comfort at this stage of life." Stated by the participant residing with family. On contrast participant of old age resident stated that "we have to do work by our own, nobody is there to support us." it states that old age residents were more

independent as compared to the ones who are living with their families.

It was stated that "anyhow we have to spend our life no matter where and how". It can be seen that elderly people living in old age homes were not at all optimistic about their life. Lack of comfort, enthusiasm, optimistic views were seen in old age home residents.

With the growing age elderly people seek love and affection from their grand-children. They are more attached to their grand-children as compared to their own children. It was stated by every participant living in old age home that they are missing their grand-children and they look forward to meet them someday.

Many residents expressed an explicit desire to return home. Leaving the home particularly where residents had spent a large part of their earlier lives was identified as having a definite negative impact on quality of life. it was stated that " Home is actually where you live with your family. Otherwise old age homes are just an option to spend our old age time".

Loss of spouse or own health losses or change/loss in particular lifestyle were identified as the main source of sadness and distress for old age residents. The majority of the participants were residing in old age homes came after the death of their spouse. They felt disrespect and loneliness as they have no one to talk to and to share their feelings after the death the death of their partner. "It seems that everything's come to an end after him, life seems to be tough anddifficult without him. People around you are too selfish" as stated by one of the resident of old age home.

One thing that residents ask for is reliability. They were totally satisfied that they have a place to live and food to eat. In this phase of life when they have nobody to be relied on, these old age home give them surety and reliability. It was stated that "These institutions are our only hope."

The residents were asked whether they felt respected or not in old age homes. Most gave answers such as: "we are met with respect from everybody here! These people behave wonderfully. They really show us respect". This resident mentioned respect spontaneously before she was asked about it. Another resident explained what he meant by respect: "Sure they show respect for us. Some of the residents can be really angry with the care takers and yell at them but the care takers never yell back and or punish them in any way. They are nice to the residents and calm them. Here are so many nice people"

The elderly are showing signs of sadness and depression when living in an assisted facility. As they are parted from their family and have no one else to turn to, they tend to feel down.

A central finding was that all the informants emphasized the importance of feeling safe and respected. The experience, however, is linked to a feeling of loneliness. Nurses are therefore faced with the huge challenge providing holistic care that addresses both the social as well as the physical needs of the residents (Åshild Slettebø, Dr. Polit., 2006)

Family is the main source of care giving to all its members. One's need for and ability to give care is negotiated by one's place in family life cycle. Ageing of population is an obvious consequence of the process of demographic transition. In a globalizing world, the meaning of old is changing across cultures and within countries and families. (Bergeron, 2001)

Limitations

Like any study, the present one also holds some limitations:

- The sample size disables us to generalize the results.
- Differences in the research may have bought about errors.
- Other psychological measures can also be conducted on the sample.

Conclusion

It was hypothesized that there will be no difference in self-esteem and wellbeing of the elderly living with their families and of those living in old age homes. People living in old age homes have more problems in areas of guilt, happiness, calm, social deviation, independence, willingness to work, optimism, and loneliness than those living with their families.

There is a strong evidence that self-esteem remains stable or improves slightly with aging (Demo, 1992; Breytsprank, 1984). In an exhaustive review of the empirical literature on self-conceptions Bengtson, Reedy and Gordon (1985) reported that self-esteem was higher in older cohorts in most of the cross-sectional studies reviewed. In the remaining studies there were no age differences found. Elderly persons are thought to be better integrated, to have fewer negative self attributes, and to be comfortable with their identities (Gove, Ortega & Style, 1989).

Hence, in conclusion it can be said that quantitatively there is no difference between both the groups. But qualitatively it can be interpreted that there is a significant difference in elderly people living in old age homes and elderly living with their families in various spheres of life.

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