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Measurement of Level of Hope among Institutional and Non-Institutional Elderly: A Comparative Study

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Abstract

"Hope and its impact of people are widely discussed in the humanities and in the field of psychology. Hope is essential process of linking oneself to potential success" (Snyder, 1994,p. 18). Philosophers, scientist and poets and professional practitioners accepted that the hope is important force for life-sustaining (Farran, C. J., 1985).

The primary aim of the study is examine the level of hope on among institutionalized and non-institutionalized elderly in Dehradun. We recruited a voluntary sample of (n=180) elderly who were lived in Uttarakhand. Recruitment sources included who were lived in institution (old age home) and lived at home. Participants completed the questionnaire designed Adult Hope Scale (Snyder, C. R., Harris, C., et al., 1991) to measure hope. A greater sense of hope associated with better psychological wellbeing (e.g. increase life satisfaction, purpose of life, and positive affect). Those elderly who lived in institution (old age home) had low level of hope as compare to those elderly who non-institution (lived at home). Genders were found influential factor among institutionalized and non-institutionalized elderly as their respective level of hope.

Keywords: hope, hopelessness, wellbeing, elderly

Introduction

According to the longitudinal Aging study of India (LASI), India population will be over 319 million elderly by 2050; the number identified by the census in 2011.Elderly population unavoidably leads to increases in age related illness such as depression, disability, chronic illness, anxiety etc. the International Institute for population Sciences (IIPS) prepared report that 75% of them suffer from one or the chronic illness, 40 % have one or the other disability and 20 % have issues related to mental health. According to report, by2030, 45 percent of total burden of diseases, major part of non-communicable diseases, is likely to be borne by old age population. These proportions of older population are at an increased risk of significant changes in cognitive and mental health and demand on medical and health care providers. In aging process, elderly experience a many changes such as social, psychological and physical change while the struggle to adjust at the late life. Most of people faced existential problem as the part of the psychological development, some of them lives as being quality life and are not fear with future. On the other hand, some individuals are disappointed and have difficulty making sense of, their past and struggle with many problems in future also.

With the emergent demand for psychologist practising in the field of geropsychology, it is the responsibility of current psychologist who are practising in this field, to get and maintain knowledge in the multiple factors of developmental psychology and the process of aging, and also get to know how these factors influence and affect an individual mental and cognitive health (APA 2016).

Hope is a concept that deeply entrenched in a variety of religious and philosophical tradition. Although the role of hope in shaping individual personality has received less attention and few study. "Hope as a passion that

follows upon apprehension of a future good that is difficult, yet possible to attain" described by Thomas Aquinas. In the 20th century, hope emerged with in the field of psychology. Seligman (1998) argued that positive emotions, neglected by in the field of psychology and should be given greater emphasis and called for "massive research on human strength and virtue". While Seligman (2002) found in his study that specific positive constructs such as hope may act as buffer against mental illness and very few empirical studies have been conducted by researcher (Synder et al., 1991). Lopez et al. (2006) argued that only five articles found the construct of hope, they sampled over fifty years of research in counseling psychology. Furthermore, Magyar-Moe et al. (2015) highlighted in study that only 4 articles examined the construct of hope it showed the lack of research on this area. In early literature Menninger (1959) argued that hope was important feature for the initiation of change, willingness to learn, sense of wellbeing. Hope is an trait that can serve as a motivational factor to help initiate and sustain action towards goals and linked to happiness, perseverance, achievement, health (Peterson, 2000). According to Grewal & porter (2007), hope has been measured a one dimensional construct that operates on the assumption that goals can be met. Further Synder (1994, 2000) explained construct of hope that could be used to conceptualize how goals are perused. Synder hope model has become the central theoretical framework by which the construct of hope is understood today and also conceptualized, hope is an actually a more complex construct and bi-dimensional phenomenon. According to Synder (2000), hope is based on two cognitive dimensions which are interrelated to each other: agency thinking and pathways. In Synder's hope theory, agency refers to the motivational element and commitment or perceived capacity to help one move in the direction to achieve their goal. Pathway thinking refers to individual's perceived ability to create feasible routes and alternative plans to reach their goal (Snyder et.al, 2005, 2002; Fallucca, B, 2018).

Herth, K. (1993) found in study that Hope to be influenced by place of residence, age, energy of level, functional ability, and health status. With the exception of those participants who were experiencing severe fatigue and long term care facility.

According to Marques,Pais-Ribeiro & Lopez(2009) found in study that Higher levels of hopeful thinking are more allied with perceived competence and self-esteem and lower levels of hope predict more depressive symptoms (Kwon,2000). Synder,et al., (1997) has determined that individuals with higher hope levels were focus on success when pursuing goals, have ability to solve their problems and develop more life goals and also usually more optimistic. Similarly, research has examined (Snyder et al., 2002) in study that impact of hope of emotional functioning with a stressor concept and found result that coping as the ability to effectively respond to a stressor in an effort to reduce psychological distress.

Gupta, S., & Singh, A. (2020), concluded that non-institutionalized elderly have better level of hope than institutionalized elderly and also found that positive correlation between non-institutionalized elderly and institutionalized elderly.

Similarly, Synder et al. (2000) found that higher levels of hope are linked with more positive view towards future wellbeing aspects and confidence levels also higher. This study also revealed results that high hope individuals that actually hope it work as a proactive buffer against future life stressor. On the other hand, lower levels of hope were more prone to have negative view of the future wellbeing and they were more overstress.

Old age home are that places where many of the elderly living together. They are disregarded by family members, no one in their family to look after them and other, lack of resources for their maintenance and such other reasons force to them to live in old age homes. Most of elderly lived alone and feel loneliness. Due to loneliness, most important outcome of loneliness is depression, suicide and abuse and also negatively influences the quality of life and wellbeing (Gupta, S., & Singh, A., 2019; Arslanta, et al., 2015).

Numerous studies investigate about quality of life in elderly have found a link between goals directed behaviour and proactive planning process to improved health and sense of wellbeing (Fallucca, B, 2018; Sörensen et al., 2011; Sörensen & Zarit, 1996). Furthermore, most of the studies on hope often do not include older adults outside clinical settings, and instead of more focused on younger populations and patient populations (Long, K. N., Kim et al., 2020).

To fill this gap, we focus on study elderly population those who were lived in institutions and living at home (non-institutional). We used elderly sample over age of 60, to evaluate role of hope on wellbeing among institutionalized and non-institutionalized elderly. This research allows researcher to know about the potential accumulating effects of hope on wellbeing and assess of change in sense of hope on wellbeing outcomes.

Objective:

1- To study the level of hope among institutional (old age home) and non-institutional (living at their home) male and female elderly.

2- To study the level of hope among institutional elderly (old age home) and non- institutional elderly (living at their home).

Hypothesis:

1- There would be significant difference between the level of hope among institutionalized and non-institutionalized male and female elderly.

2-There would be significant difference between the level of hope among institutionalized and non-institutionalized elderly.

Method:

Study population:

The purposive sampling comprised 180 elderly (above 60 years), those who were lived at non-institution (living at home) and those who were lived at institutions (old age home) from Dehradun and Haridwar, Uttarakhand. We recruited 90 samples (n=90) from institutions (old age home) and 90 sample (n=90) from non-institutions (living at home). A comparative study was used for the study to compare level of hope in wellbeing between elderly.

Data collection procedure:

In both cases, All primary sample subjects (n=180) were interviewed a single time, in their homes (non-institutions) and institutions (old age homes). They were asked a range of structured questionnaire about level of hope and their wellbeing, of which the scales were used. All participants voluntary took part in the study. Researcher was collected data from institutions (old age home) with the cooperation of the institutions care workers and also went to home visit for those elderly who lived with family. The researchers assisted those who were unable to fill the answers on the questionnaire by explaining the questions item by item.

Inclusion criteria: Elderly people who above 60 years of age, who gave approval and without any psychiatric and physical illness e.g., psychosis, dementia, dumbness and hearing impairment were included.

Exclusion criteria: Elderly who did not give permission and below 60 years of age and who were suffering any form psychiatric illness were not included in the study.

Measurements tools:

Hope scale: Adult hope scale was developed by Snyder et al., (1991) based on cognitive model of hope. This scale was administered to individuals 16 years of age or older and it is a 12-items measure of participants' to measure level of hope. The scale is divided into two subscales; Agency (i.e., goal direct energy) and pathways (i.e., planning to achieve goals). The Agency subscale consists of 4-items and pathways subscale consists of 4-items, while remaining 4-items are fillers. It is an 8-point Likert type scale which is ranges from "Definitely False" to "Definitely true". Each items score may be summed to create a total hope score, and can range from 8 to 64. Higher score indicate high level of hopeful thought. Internal reliability of scale was (alpha =.76 for total hope, alpha =.72 for agency, and alpha = 70 for pathways) as well as adequate test-retest reliability (.76). Support of concurrent validity was supported by Cheavens, Gum and Snyder (2000).

Results:

The main purpose of the study was to observe the role of hope among elderly living at institutions (old age home) and living at non-institutions (living at their home). The whole data was obtained by using Synder's adult hope scale .Obtained data scorers were assigned for different responses to the item. Mean (M) and standard deviation (SD) were calculated for scores on the measures of level of hope and wellbeing. Analysis of variance (ANOVA) was applied to analysis of data with the help of SPSS. The result has been discussed in below:

Table 1 Showing mean score and SD among male and female institutionalized elderly.

Area		Mean	N	Std. Deviation
Institutionalized	Male	35.16	43	6.37
	Female	30.85	47	8.11

According to table one Mean, SD of male institutionalized elderly in respect to their level of hope, obtaining finding are Male (Mean= 35.16, S.D= 6.37), Female institutionalized elderly (M=30.85, S.D=8.11).

Table 2 : Showing mean score and SD among male and female non-institutionalized elderly.

Area		Mean	N	Std. Deviation
Non institutionalized	Male	69.30	43	10.21
	Female	62.74	47	9.70

Table two revealed result that Mean, SD of male non-institutionalized elderly in respect to their level of hope (Mean=69.30, S.D=10.21), female non-institutionalized elderly (Mean=62.74, S.D=9.70).

Table 3: Showing ANOVA table hope among institutionalized male and female elderly.

	Sum of Squares	DF	Mean Square	F	sig
Between groups	417.47	1	417.47	7.75	.01
With in groups	4735.81	88	53.81		

Table three revealed result of ANOVA, group difference of institutionalized elderly was found significant level at .01.

Table 4: Showing ANOVA table, hope among non-institutionalized male and female elderly

	Sum of squares	DF	Mean Square	F	sig
Between groups	965.65	1	965.65	9.47	.01
Within groups	8718.00	88	99.06		

In the above given table four, significant difference both groups among male and female non-institutionalized elderly was found significant at 0.01level.

Table 5: Showing means score and SD institutionalized and non-institutionalized elderly

Area	Mean	N	Std. Deviation
Institutionalized elderly	35.82	90	8.55
Non-institutionalized elderly	47.58	90	5.96

Table five revealed result that Mean, SD of non-institutionalized elderly in respect to their level of hope (Mean=47.58, S.D=5.96), institutionalized elderly (Mean=35.82, S.D=8.55).

Table 6 : Showing ANOVA hope among institutionalized and non-institutionalized elderly

	Sum of squares	DF	Mean Square	F	sig
Between groups	965.71	29	33.30	.710	.843
Within groups	2815.27	60	46.92		

The table six did not show any significant difference in respect to their level of hope among institutionalized and non-institutionalized elderly.

Discussion:

The mean scores (35.16) of male institutionalized elderly in respect to their level of hope was found more than mean score (30.86) of female institutionalized elderly. Significant difference was also found between the mean scores of level of hope in respect to gender among institutionalized male and female elderly significant at 0.01 levels. The result of present study confirmed that male institutionalized elderly have better level of hope than female institutionalized elderly.

Non-institutionalized elderly scored high mean score (69.30) as compared to non- institutionalized female elderly mean score (62.74). Similarly non-institutionalized male and female elderly was found significant difference at 0.01 levels. The result found that male non- institutionalized elderly have better level of hope as compare to female non-institutionalized elderly. The results of present research give support to the first hypothesis-"There would be significant difference found between the level of hope among institutionalized and non-institutionalized male and female elderly".

Therefore first hypothesis is accepted. Hence on the basis of our findings we can say that institutionalized male elderly and non-institutionalized male elderly have better level of hope as compare to institutionalize and non institutionalized female elderly.

On the other side our finding did not show any significant difference between the institutionalized elderly and non-institutionalized elderly in respect to their level of hope. Institutionalized elderly and non-institutionalized elderly were not found insignificant at the 0.84 level. Therefore, second hypothesis is rejected. But we found that the level of hope of non-institutionalized elderly have better than institutionalized elderly as the obtained mean score of non-institutionalized elderly(47.58) is more than mean score of institutionalized elderly(35.82) respectively. Finding was reported by Gupta, S., & Singh, A. (2020), that non-institutionalized elderly have better level of hope than institutionalized elderly and also found that positive correlation between non-institutionalized elderly and institutionalized elderly. On the other hand a study was conducted by Gupta, S., & Singh, A. (2019), concluded that gender and duration of old age home were not found significant relationship with resilience and hope. This result showed partial disagreement with researcher findings.

Genders were found influential factor among institutionalized and non-institutionalized elderly. .

Conclusion:

This study examined the level of hope among institutional and non-institutional elderly. The first objective was the level of hope among institutionalized and non-institutionalized male and female elderly, and second

objective was to study the level of hope among institutional elderly (old age home) and non- institutional elderly (living at their home).On applying the ANOVA test mean differences were found between the mean scores of male and female institutionalized and non-institutional elderly in respect to their level of hope ,where as insignificant mean differences were found between level of hope scores of institutional and non-institutional elderly. Therefore on the basis of our finding that gender is an influential factor in level of hope. Medicine and medical care will not assurance wellness. Elderly needs care; touch of love and attention will be definitely make them feel good and successful coping stress in old age that leads good mental health, satisfaction, happiness and better quality of life. Knowing their presence as a precious position in their personal and social life is the important psychological factor in helping them to forget their negative aspect of life and thinking more positively about their environment (Sahoo F.M., 2001).

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