

A Comparative Study on Effect of Motivation and Hope on the Well-being of Geriatric Population

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Abstract

Introduction: For the last decade, the physical and the mental health has been the concern and most interest among the researchers. This relationship is most discussed among geriatric population, because of the various challenge's posed by the old age at various levels. Here in this study we have how motivation and hope enhances the living wellbeing.

Aim: To measure the effect of motivation level, hope and well-being of geriatric population

Methodology: The present study was conducted in Delhi – NCR societies. Overall sample size of the study was 60 elderly population both male and female. Hypertension elderly (n =30) and Healthy elderly (n =30). The study was conducted using Elderly Motivational Scale, Adult Hope Scale and Ryffs Psychological Well-Being Scale.

Conclusion: The well-being of hypertension group (experimental group) is at a higher side than healthy elderly group (control group).

Keyword: *Elderly, Hypertension, Motivational Scale, mental Health, hope.*

Introduction

Old Age: Old age refers to ages nearing or surpassing the life expectancy of human beings, and is thus the end of the human life cycle. Terms and euphemisms include old people, the elderly, seniors, senior citizens, older adults, and the elders.

The Psychology of Aging Today: While the population over the age of 65 is growing considerably, their lifestyle has also evolved. Older citizens might live independently, work into advanced age, and take an active role in any number of groups in their communities. According to the American Psychological Association, there are also mental health conditions that are more prevalent in those of advanced age

There are number of scenarios possible regarding senior lifestyle and health:

Mental Capacity: Mental capacity is always a concern for seniors because they are susceptible to

different factors, such as dementia, which can hinder their ability to care for themselves mentally. Other possible health issues, such as stroke, can cause issues with mental acuity. Many seniors who face deterioration of mental faculties will need care on daily basis.

Physical Health: With age, there can be obstacles to physical health. Depending on the severity, physical limitations may cause seniors to lose some or much of their former independence

Emotional Wellbeing: Emotional wellbeing can be a wide-reaching issue. Seniors often face traumatic changes, such as loss of loved ones and their own failing health. These severe environmental stresses can lead to depression and other psychological hardships.

Financial Stability: Because people are living longer and healthier lives, the old modes of saving for retirement often fall short of what seniors will need. Financial stability is a large concern for seniors and

their families' once regular income ceases, especially for active seniors who may live many years longer than their savings was geared to sustain.

Literature Review: Over the last couple of decades, there has been a growing of researches that has been focused on geriatric and their motivation, well-being, and level of hope in their life.

Kenneth E. Mobily (1982)⁽¹⁾ did a study on "Physical & Occupational Therapy in Geriatrics" which focused on of physical activity as one ages is not solely a function of age. Rather, there is data to support the contention that the elderly refrain from exercise because of environmental and personal as well as motivational conflicts.

Stevens-Ratchford, Regena (2000)⁽²⁾ did a study on Occupational Engagement: Motivation for Older Adult Participation which focused on guiding participation in developmental tasks that enhance aging well can be a motivational strategy for rehabilitation.

JoNell Strough, Wändi Bruin, and Ellen Peters (2015)⁽³⁾ did a study on "New perspectives for motivating better decisions in older adults" which focused on promising intervention strategies for motivating older recipients motivation to make better decisions.

Lindanor Jacó Chaves¹ and Claudia Aranha Gill (2015)⁽⁴⁾ did a study on "Older peoples concepts of spirituality, related to aging and quality of life" they aimed to investigate and analyze the concepts that older people have of spirituality and how this concept affects their quality of life. It is a descriptive, exploratory, quantitative-qualitative study, with a sample of 12 participants over the age of 60.

Stephen Jivraj, James Nazroo, Bram Vanhoutte, Tarani Chandola (2015)⁽⁵⁾ did a study on "Aging and Subjective Well-Being in Later Life" which found that older cohorts enjoy higher levels of SWB than their younger counterparts when under similar circumstances, they experience sharper declines, especially in the very oldest cohorts. Stephanie V and Rachel Cooper (2015) did a study on Physical Activity and Mental Well-being in a Cohort Aged 60–64 Years which focused to investigate associations of monitored total PA under free-living conditions, self-reported leisure-time, and walking for pleasure with mental well-being at age 60–64 years

Budhiraja, Ankita; Midha, Punam (2015)⁽⁶⁾ did a study on Hope and Spirituality as Portals to Subjective Well-Being among Geriatrics which aimed to assess the level of hope, spirituality and subjective well-being among geriatrics.

Antonella Delle Fave, Marta Bassi, Elena S. Boccaletti did a study on Promoting Well-Being in Old Age (2018):⁽⁷⁾ The Psychological Benefits of Two Training Programs of Adapted Physical Activity found that people aged 67–85 who do physical activities promote mental health, opportunities for elderly people to socialize and improve emotional functioning.

Ena Yadav, Srishti Chanana (2018)⁽⁸⁾ did a study on Emotional Regulation and Well-Being among Elderly. The results of the study point out that the relationship between perceived wellbeing and emotional regulation is comprehended to be bidirectional. Emotional regulation may also have protective role in wellbeing since regulation of emotions is essential for adaptive functioning, whereas suboptimal or dysfunctional.

Aim: Aim of this present study is to measure the effect of motivation level, hope and well-being of geriatric population .A comparative study will be done between elderly with hypertension elderly (experimental group) and healthy elderly (control group).

Method

Sample: Total sample of the present study consisted (N=60) among geriatric population in Noida. The sample comprises of hypertension elderly as experimental group (n=30) and healthy elderly as control group (n=30) which were randomly selected from different areas of Delhi NCR. The elderly population with hypertension were diagnosed by medical doctor more than six months ago. Elderly's ages were ranged above 60 years

Tools: The following measures were used in the present piece of research work.

- 1. Elderly Motivation Scale:** Elderly Motivation Scale assesses the intrinsic and extrinsic motivation of elderly individuals. It assesses 4 constructs: intrinsic, self-motivation - determined and non-self-determined extrinsic motivation, and a motivation.
- 2 Adult Hope Scale:** For measuring elderly's hope level, a scale developed by Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T was used. Hope scales can be

used to determine client's perceived motivations for pursuing their goals (agency thought) and their ability to identify workable routes to goal attainment (pathway thought). According to Snyder et al., (1991), hope is the "stuff" that facilitates change. The adult hope scale contains 12 items. Four items measure pathways thinking, four items measure agency thinking, and four items are fillers. Participants respond to each item using an 8-point scale ranging from false to definitely true and the scale takes only a few minutes to complete.

The scale has been found to be inversely correlated with several measures such as the Beck Depression Inventory.

3 Ryff's Psychological Well-Being Scale: Psychological well-being of elderly was assessed by using Ryff's Psychological Well-Being Scale developed by psychologist Carol D. Ryff, the scale contained 42 items.

Procedure: The study was conducted between hypertension (experimental group) and healthy elderly's (control group). Data was collected on 30 hypertension (experimental group) and 30 healthy elderly's (control group) using Elderly Motivational Scale, Adult Hope Scale and Ryff's Psychological Well-Being Scale. Rapport was established between the administrator and the subjects. Also, the environment was made friendly so that subjects would feel comfortable and does not hesitate while marking their responses. All subjects include in the present study were given assurance that information provided by them will be kept confidential and will be used for research purpose only. It was also told to the participants to fill demographic details, informed consent was taken, instructions were given clearly, and if any confusion was there it was made clear to the subject. Initially the subject was feeling nervous but as they interacted with the administrator and rapport was established, they felt more and more confident while responding to the items. Elderly Motivational Scale, Adult Hope Scale and Ryff's Psychological Well-Being Scale was handed over to the subject for administration. All the data I collected from the subjects was appropriate as in individual who performed the test were mentally fit. Subjects who were not mentally fit their data was excluded from the study.

The individual scores were obtained, and the responses were scored according to the manual. The data was tabulated for giving statistical analysis and for

obtaining the result. Finally, the results were discussed, and the formulated hypotheses were tested.

Discussion

The present study was conducted in Delhi-NCR societies. Overall sample size of the study was 60 elderly population both male and female. Hypertension elderly (n=30) and Healthy elderly (n=30). The objective of the study was to compare-

1. The difference of well – being in hypertension elderly and healthy elderly
2. The difference of motivation level in hypertension elderly and healthy elderly and
3. The difference of hope level in hypertension elderly and healthy elderly.
4. The difference in hypertension elderly and healthy elderly.

To fulfil the objectives two groups were taken 30 hypertension elderly (experimental group) and 30 healthy elderly (control group). Raw scores of 30 hypertension elderly and 30 healthy elderly were obtained from Elderly Motivational Scale, Adult Hope Scale and Ryff Well-being Scale Questionnaires. T-test was used in motivational scale and hope scale to measure group difference. Also, ANOVA was conducted in well-being scale to measure group difference.

According to the first hypothesis there was significant difference between the well-being of geriatric pathological group and non – pathological group. As the result shows that elderly with hypertension had higher well – being than healthy elderly's. This was found after analyzing the raw scores of the questionnaire and applying ANOVA shown on table1 on page 48, the mean scores of both groups differ a lot. American College of Cardiology (2018) studied that psychological well-being can improve overall heart health. This means that elderly with hypertension who have high level of optimism may lead a better diet, regular exercise and lower stress.

The second hypothesis was found to be non-significant difference between the motivational level of geriatric pathological group and non-pathological group. As the results at each domain health activities activities related to your biological needs, activities related to your relationships with others, activities to religion, activities related to leisure and activities related to information were found non – significant. This was

found after analyzing the raw scores of the questionnaire and applying t-test shown on table1 on page 49-55, the mean scores of both groups were quite similar. This might be due to small sample size or large number of questions in the questionnaire. Phillips (2004)⁽⁹⁾ studied that motivation helps elderly maintain their physical health. Strough (2015)⁽³⁾ studied that motivation helps to make better decisions in elderly.

The third hypothesis was found non – significant difference between the level of hope in geriatric pathological group and non-pathological group. This was found after analyzing the raw scores of the questionnaire and applying t-test shown on table1 on page 56, the mean scores of both of the groups were quite similar. . This might be due to small sample size or improper rating done by the elderly’s. Ankita Budhiraja and Punam Midha (2015)⁽⁶⁾ studied that hope and spirituality helps subjective well-being in geriatrics.

The final hypothesis shows that there is significant difference between geriatric pathological and non-pathological group. These findings confirm that both the groups are distinctive in nature.

Conclusion

The current study has highlighted following main findings:

1. The well-being of hypertension group (experimental group) is at a higher side than healthy elderly group (control group).
2. The motivation level of both the groups are quite similar hypertension group (experimental group) and healthy elderly group (control group).
3. The hope level of both the groups are quite similar hypertension group (experimental group) and healthy elderly group (control group).

Ethical Clearance: Consent was taken from all the participants

Source of Funding: Self

Conflict of Interest: No

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