



## The Anxiety Situation of Older People Living in Residential Care Facilities

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### Abstract

Anxiety is one of the most common psychological problems in older people and older people staying in geriatric centers are more vulnerable. This study aims to explore Anxiety and associated factors of older people staying in care facilities in Nepal.

This is a descriptive cross-sectional study. A total of 216 older people were recruited from geriatric centers of Kathmandu Valley, Nepal. Anxiety was assessed using Beck Anxiety Scale. Statistical software SPSS23.0 was used for data entry and analysis.

The mean of Anxiety was  $13.23 \pm 6.84$ . The prevalence of anxiety disorder in the study population was 8.8 %, where 5.6 % of respondents had mild and 3.2% had moderate Anxiety. Results show gender, marital status, religion, type of previous family, chronic illness, stress, and type of living facilities were statistically significantly associated with anxiety. The difference was statistically significant ( $p < 0.05$ ). Depression and anxiety were also significantly positively correlated ( $r = 0.232$ ,  $p < 0.01$ ).

Elderly people living in care facilities had slightly low levels of anxiety. Government and residential care facilities should be aware to provide appropriate support, care, and early psychological care during the intervention for the elderly so that it will help not to increase anxiety and other problems.

### Keywords

Aging in Nepal, Elderly People, Anxiety, Depression, Geriatric Centers

### Background

Population aging is occurring around the globe at different rates. Biologically, aging refers to the increasing inability of the body to maintain itself and perform the functions it once did [1]. The aging population is shifting towards an increased proportion of elderly people in the global phenomenon due to falling fertility rates and longer life expectancy [2]. Education and technological advancements, as well as improvements in medical, food distribution, and public health, all played a role in people living longer [3]. On

the other hand, as people age, their physical and cognitive abilities deteriorate and the prevalence of chronic diseases and disabilities rises [4].

Individuals 60 years and older are considered older people in Nepal [5]. In the last couple of decades, the life expectancy of the Nepalese is increasing rapidly [2,6] and the elderly population growth rate is higher than the total population growth rate [7]. A report shows it is projected to increase rapidly in the coming days further [8].

In Nepal, the family serves as the primary caregiver for its elderly members, assisting them with daily tasks and providing them with various forms of support [2,9-11]. The latest situation shows traditional norms and values eroding [9] due to shrinking family size and increasing migration of youths for looking prosperous future.

Old age has been viewed, as a problematic period of one's life, which is correct to some extent. The aged become increasingly dependent on others. As people grow, their reduced activities, income, and consequent decline in the position of the family and society make their life more vulnerable. Old person begins to feel that even his children do not look upon him with that degree of respect, which he used to get some years earlier. The old person feels neglected and humiliated. This may lead to the development of the psychology of shunning the company of others. The elderly citizens are in need of urgent attention. They do not need our pity but the understanding love and care of their fellow human beings. It is our duty to see that they do not spend the twilight years of their life in isolation, penury, and misery. Older people are, therefore, in need of vital support that will keep important aspects of their lifestyles intact while improving their overall quality of life. Old age homes are increasing these days [12,13], as a need of today as lifestyles are changing fast and diminishing acceptance of family responsibilities towards one's elders. Older people are, therefore, in need of vital support that will keep important aspects of their lifestyles intact while improving their overall quality of life [14].

Anxiety is a state of unpleasant emotion that is experienced in anticipation of some (usually ill-defined) misfortune, accompanied by compulsive behavior or attacks of panic. Late-life anxiety often is co morbid with major depressive disorder and other psychological stressors as older adults recognize declining cognitive and physical functioning. Anxiety is associated with high rates of medically unexplained symptoms, increased use of health care resources, chronic medical illness, low levels of physical health-related quality of life, and physical disability [15]. There are very little studies that focusses about the anxiety of older persons in Nepal. The purpose of this

article is to explore the anxiety situation of older people living in old age home.

## Subjects and Methods

This is a cross-sectional study carried out in residential care facilities of Kathmandu valley, Nepal. The Sample consisted of 216 older people both male and female 60 years and from different old age homes. Inclusion Criteria included individuals 60 years and older living in old age home and those who had willingness to participate in this study and able to listen and give responses. Individuals who had severe psychiatric disorders as reported by the OAH authority were excluded.

Data collection tools included general information and Anxiety. General Information included age, sex, name and type of Organization, education, marital Status, Religion, ethnicity, previous source of income, Previous family type, Family history of Depression, Anxiety, and worries regarding living at residential care facilities.

Anxiety was assessed using Beck Anxiety Inventory (BAI) [16]. The scale consists of 21 items each describing common symptoms of anxiety. The respondent is asked to rate how much he or she has been bothered by each symptom over a past week on a 4-point ranging from 0-3. The items are assumed to obtain a total score that can range from 0-63. Scores between 0-21 indicate that anxiety is not present, scores between 22-32 indicate the mild level of anxiety, scores ranging in from 33-48 indicate a moderate level of anxiety, and scores ranging in from 49-63 indicate extremely severe level of anxiety. The Nepalese version of the scale has already been Validated (Kohrt et al.2003). It has found good internal consistency in the study assessed by Cronbach's alpha (0.76).

Formal Approval for this study was obtained from the ethics committees of institutional Review Board of Xiang-Ya School of medicine, Central South University, and Nepal Health Research Council. Permission from the concerned authorities of different care facilities in Kathmandu Valley, Nepal was taken.

A verbal informed consent was taken from each

respondent after explaining the purpose of the study. Respondents' participants in the study were voluntarily and were informed that they can withdraw from the study at any time without giving reason and without fear if they wish. Participants, who did not want to participate in the study, were not being forced for participate. Then data were collected by face-to-face interview.

Data was analyzed through Statistic Package of Social Science (SPSS) version 23. The collected data were analyzed by using both descriptive statistics such as frequency, percentage, mean, Standard deviation, chi-Square, cross tabulation between the selected variables and the Score of GDS and BAI. Association of

GDS, BAI was observed with bivariate analysis.

## Results

### *Socio-Demographic Characteristics of the Participants:*

The total 216 respondents mean age was 74.13years. Majority of respondents 70.4% (152) were female and 29.6% (64) of respondents were male. Most of the respondents 79.2% (171) were illiterate and minority 20.8% (45) were literate. Regarding marital Status, 44.9% (97) of the respondents are widow/widower, 31.5%( 68) were unmarried and 23.6%( 51) were married. 63.9% (138) respondents had been staying in old aged homes since one to five years and minority of the respondents 20 (9.3%) are less than 1 year. Major

**Table-1: Characteristics of Socio-Demographic Data, N = 216**

Variables	Frequency	Percentage
<b>Age</b>	Mean = 74.13	
60-69	66	30.6
70-79	85	39.4
>80	65	30.1
<b>Sex of Respondents</b>		
Male	64	29.6
Female	152	70.4
<b>Level of Education</b>		
Literate	45	20.8
Illiterate	171	79.2
<b>Marital Status</b>		
Married	51	23.6
Unmarried	68	31.5
Widow/Widower	97	44.9
<b>Ethnic Group</b>		
Brahmin/Chhetri	111	51.4
Janajati	96	44.4
Others	9	4.2
<b>Religion</b>		
Hindu	188	87
Christian	28	13
<b>Number of Children</b>		
No Child	125	57.9
Only one Child	37	17.1
Two or More Child	54	25
<b>Previous Type of Family</b>		
Nuclear	76	35.2
Joint	140	64.8
<b>Duration of Stay</b>		
Less than one Year	20	9.3
One to five year	138	63.9
>five year	58	26.9

respondents 51.4 percentage is of Brahmin/Chhetri ethnic group, 44.4 percent (96) of the respondents were from Janajati and others 4.2% which belongs to Madhesi, Dalit, and Muslim. Majority of the respondents 87% (188) were of Hindu Religion where as 13% (28 number) of respondents were Christian. Most of the respondents 125 (57.9%) have no child and minority 37 (17.1%) have one child. Majority of the respondent previous family type is joint family 140 (64.8%) and 76 (35.2%) respondents had a nuclear family. Agriculture 63 (29.2%) is the major occupation of respondents whereas 12(5.6%) respondents were service holders previously. The majority of

respondents 70.4 percent responded as there are no worries living in an elderly home. 84.3% (182) of respondents have no family history of Anxiety. The specific general information is in **Table-1** and **Table-2**.

*Status of Anxiety:*

The mean and standard deviation of Anxiety of the respondents were 13.23±6.838. 8.8% older people reported suffering from Anxiety. Among them 5.6% had mild anxiety and 3.2% had severe anxiety. No cases of severe anxiety disorder are found. Details is shows in **Table-3**.

**Table-2: Health Related information of respondents. N=216**

Variables	Frequency	Percentage
<b>Chronic Illness</b>		
Yes	153	70.8
No	63	29.2
<b>Presence of co morbid</b>		
Presence of one Chronic Disease	119	55.1
Presence of more than one disease	34	15.7
<b>Presence of Worries</b>		
Yes	64	29.6
No	152	70.4
<b>Feeling of Stress</b>		
Yes	106	49.1
No	110	50.9
<b>Family History of Anxiety</b>		
Yes	34	15.7
No	182	84.3
<b>Family History of Depression</b>		
Yes	34	15.7
No	182	84.3
<b>Types of Organization</b>		
Government	107	49.5
Non-Government	109	50.5

**Table-3: Descriptive statistics Anxiety of and Anxiety Category**

	Frequency	Percentage	Mean	Std. Deviation	Minimum	Maximum
<b>Anxiety</b>	19	8.8	13.23	6.838	0	36
<b>Normal</b>	197	91.2	11.77	5	0	21
<b>Mild Anxiety</b>	15	5.6	26.47	2.8	22	30
<b>Moderate Anxiety</b>	4	3.2	35.5	0.577	31	36
<b>Severe Anxiety</b>	-	-	-			

Table-4: Association between socio - demographic characteristics and Anxiety

Distribution	Mean ± SD	Pearson Value	T-Test Value	F-Test Value	P value
<b>Gender</b>					
Male	10.05±5.035		4.709		<b>.001*</b>
Female	14.57±7.064				
<b>Educational Level</b>					
Literate	11.41±6.362		-2.009		<b>.046*</b>
Illiterate	13.71±6.897				
<b>Marital Status</b>					
Married	10.69±6.320			5.07	<b>.007*</b>
unmarried	13.56±7.593				
Widow/widower	14.34±6.240				
<b>Ethnicity</b>					
Brahmin/Chhetri	12.26±6.476			2.543	0.081
Janajati	14.13±6.973				
Others	15.67±8.573				
<b>Religion</b>					
Hindu	12.85±7.014		4.694		<b>.031*</b>
Christian	15.82±4.861				
<b>Previous Family Type</b>					
Nuclear	13.18±7.86	-0.075			<b>.020*</b>
Joint	13.26±6.24				
<b>Chronic Illness</b>					
Yes	13.90±6.745	-2.267			<b>.024*</b>
No	11.60±6.843				
<b>Co-morbid Illness</b>					
yes	13.60±7.037	-1.836			0.068
No	11.60±6.843				
<b>Type of organization</b>					
Private	14.03±6.907	1.116			<b>.007*</b>
Government	12.89±6.804				
<b>Feeling of Stress</b>					
Yes	15.05±6.970	-3.959			<b>.001*</b>
No	11.48±6.257				

SD: Standard Deviation; \*:  $p < 0.05$

**Factors associated with Anxiety:**

Table-4 shows the bivariate analysis of anxiety with selected socio-demographic and health variables. Factors associated with Anxiety were gender, religion, education, marital status, presence of chronic illness, Place of living, and feeling of stress among respondents ( $p < 0.05$ ). Being woman, illiterate,

unmarried/widow/widower, having chronic health problems, feeling stress and living in private institutions were positively correlated with anxiety.

Further, a Positive correlation was found between Geriatric Depression Scale and Beck Anxiety by Pearson Correlations  $R=0.232(p=0.001)$  and had

significance relationship among the factors with  $P < 0.01$ . It is not shown on the table.

## Discussion

Anxiety disorders are often unrecognized and undertreated in older people. Anxiety can worsen an older people's physical health, decrease their ability to perform daily activities, and decrease feelings of well-being. It is well said that prevention is better than cure. It applies in every circumstance. The study of old people is one of the important parts of it. It is essential aspects of the present time, present generation to be aware and to understand the challenges faced by older people.

In Nepal, older populations are increasing rapidly [2,7,17,18]. As the fertility is decreasing rapidly [7], it shows a tendency that will further increase in the coming days as well [7,8]. Studies show older persons are vulnerable to different types of diseases with increasing age [19]. With the rapid increase of older people Nepal may face challenges in social, demographic, economic, health, and care of older people in the coming days [7].

During the 1950s, life expectancy in Nepal was quite low (about 28 years) due to a high infant mortality rate and high crude death rate [7,9]. However, a continuous decrease in the infant mortality rate has led to an increase in the life expectancy of Nepalese newborn babies [4,18]. Consequently, during the second half of the 20th century, life expectancy in Nepal increased from 27 to 60 years and now it is around 71 years [6]. In other words, a Nepalese baby born in 2021 has a life expectancy of more than 40 years greater than one born 65 years earlier. Advances in health care, access to antibiotics, and improved nutrition during the twentieth century all may have contributed to this improvement [7,9].

Several studies in Nepal show that the long-established culture and traditions of respecting elders are eroding day by day [9]. Younger generations move away from their birthplace for employment opportunities elsewhere. Consequently, traditional living arrangements are changing [20,21]. Many older people are more elderly today are living either with

spouse, alone or in the institution [12,13], and are vulnerable to mental problems like loneliness, depressions and many other physical diseases [22-30].

This study has focused on the situation of older person's anxiety living in old age home. This study found; prevalence of anxiety was 8.8%. A study from Turkey shows all types of anxiety disorder prevalence of 17.1% [31]. A previous study from Nepal shows the crude prevalence of anxiety was 22.7 % [32]. Low anxiety reported in this study is not clear. Anxiety and depression are highly correlated. Previous study from Nepal found the prevalence of depression is quite high among the institutionalized older people and it ranged from 17.3% to 89.1% in institution settings in Nepal [26,33]. The low perception of anxiety may be due to cultural differences in understanding the anxiety related questionnaire in the Nepalese context.

Further this study found being woman, illiterate, unmarried/widow/widower, having chronic health problems, feeling of stress and living in private institutions were positively correlated with anxiety. A similar type of finding is also found in the previous study carried out in Nepal [34]. The feeling of anxiety is also related to social insecurity. The social security system of Nepal is not well developed and is fully dependent on family members [2,9,10,35,36]. Older people living in private institutions had higher anxiety as they have to worry to pay the monthly costs but government institutions provide all the services free of cost.

At last, Nepal's aging is taking place more rapidly than the projection carried out by the expert in the past [7]. On the other hand, the social security system of Nepal is not well developed, Nepal may face further problems to maintain healthy aging [37,38] and quality of life of Nepalese older people [29,30,35].

## Conclusion

Anxiety disorders are often unrecognized and undertreated in older people. This study found 8.8% older people have anxiety disorder. Further this study found being woman, illiterate, unmarried/ widow/ widower, having chronic health problems, feeling of stress and living in private institutions were positively

correlated with anxiety. With the increasing the older people and poor social security system, anxiety disorder may increase in coming days. Government and local policymakers should formulate appropriate policies to make older people active and healthy so that they can enjoy the quality of life.

### Conflict of Interest

The authors have read and approved the final version of the manuscript. The authors have no conflicts of interest to declare.

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