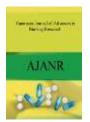
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SUICIDAL IDEATION AMONG OLD AGE PEOPLE IN SELECTED OLD AGE HOME AND FAMILIES

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ABSTRACT

The elderly population has a significant risk of suicide when compared to any other age group. Despite this, suicide among the aged receives scant attention. Hence, identification of suicide risk factors specific to this population will help in the development of suitable prevention strategies for this group. Total of 60 Old age people were selected by non probability convenience sampling technique, 30 from Aashraya Old Age Home and 30 from Betthalsur Community Area, Bangalore, Karnataka. The tools consist ofSection –A: Socio Demographic data and section-B: Geriatric Depression Scale-Suicidal ideation. The section-B contains three positive and two negative items with the response to Yes or No. Reveals that the prevalence rate of suicidal ideation among old age residing in family is 56%. The study indicated that the prevalence of suicidal ideation is more among old age people residing in old age homes in comparison with old age residing with their family members and hence it is a great matter of concern to take the necessary suicide prevention managements among old age especially who are abandoned by their family members by doing the periodical assessment of suicidal ideation.

INTRODUCTION

In the modern times, the meaning of the word family has gone down to a small family containing just wife and children only. There is no place for parents, grandparents, uncles and aunties, brothers and sisters, cousins and nephews or nieces. Life is being so busy. Most of the people are feeling that they don't have enough time to spend with their family members. In this current situation, neglecting Old age people in the families is a quite common issue. The present generations are finding Old age homes for their parents if they are quite busy with their businesses or jobs where as some are so busy enough that they are just leaving the parents to

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Jaishri Email:- jaishree.bagg@gmail.com find the old age homes by themselves.

But one thing is true, whether the children desert their old parents or the parents themselves decides to live separately away from the company of their children and grand children, it is the heart of the old people that struggles most. It is they who feel the pain of separation most.

The experience of a loss or separation might not necessarily have any long-term effects on self-esteem. However, when several significant and negative events are experienced within a limited time span, it is likely that this will have a negative impact on the individual concerned [1, 2]. Various studies show that experiencing a number of cumulative losses within a short period of time might lead to an increased susceptibility for physical illness, depression, or even suicide [3].

Someone age 65 or over, completes suicide



every 90 minutes or 16 deaths a day. Elders account for one-fifth of all suicides, but only 12% of the population. White males over age 85 are at the highest risk and complete suicide at almost six times the national average. The suicide rate among elders is two to three times higher than in younger age groups. Elder suicide may be underreported 40% or more. Omitted are "silent suicides", i.e., completions from medical noncompliance and overdoses, self-starvation or dehydration, and "accidents." The elderly have a high suicide rate because they use firearms, hanging, and drowning. The ratio of suicide attempts to completions is 4:1 compared to 16:1 among younger adults. "Double suicides" involving spouses or partners occur most frequently among the aged. Elder attempters have less chance of discovery because of greater social isolation and less chance of survival because of greater physical frailty and the use of highly lethal means.

Persons above the age of 60 in India will increase from 76 million in 2001 to 137 million by 2021 [4]. Psychiatric and physical illnesses, functional impairment, personality traits of neuroticism and social isolation are salient vulnerability factors among older as opposed to younger adults.11,12 Risk factors may occur leading to greater risk, such as social isolation and depression or depression and drug abuse. In almost all industrialized countries, men 75 years of age and older have the highest suicide rate among all age groups. Suicide rates in elderly (mean age 67.7) in South India, were reported to be 189/lakh with the male female ratio being 1: 0.66 [5].

Problem statement

A comparative study to assess the Suicidal ideation among old age people in selected old age Home and families at Bangalore.

Objectives

- To assess the suicidal ideation among old age people in selected old age home and families.
- To compare the suicidal ideation among old age people between selected old age home and families.
- To determine the association between the level of suicidal ideation and selected socio demographic variables.

Assumptions of the study are:

Depression may be increasingly prevailing among old age people at old age homes.

Inclusions criteria

- who are willing to participate in this study after signing the written informed consent were included in the study.
- The subjects had to be inmates during the assessment

and should be able to respond to the tools appropriately

Exclusion criteria:

• Old age people who are not available at the time of the study.

• Old age people who are physically handicapped

METHOD

A quantitative approach of comparative study design was used for this study. The study was conducted at 30 from Aashraya Old Age Home and 30 from Betthalsur Community Area, Bangalore, Karnataka

Target population

old age population

Accessible population

old age people residing at Aashraya Old Age Home and Betthalsur Community Area, Bangalore, Karnataka

Sample size and technique

Total of 60 Old age people were selected by non probability convenience sampling technique, 30 from Aashraya Old Age Home and 30 from Betthalsur Community Area, Bangalore, Karnataka.

Development of the tool

After an extensive review of literature, discussion with the experts and with the investigators personal experience, socio demographic profile and Geriatric Depression Scale-Suicidal ideation was used.

Description of tool

The tools consist of Section –A: Socio Demographic data and section-**B**: Geriatric Depression Scale-Suicidal ideation. The section-B contains three positive and two negative items with the response to Yes or No. Total score ranges from 0-5 and is categorized into presence of suicidal ideation and absence of suicidal ideation as 0 and \geq 1 respectively.

Pilot study

The pilot study was done to find out the reliability of the tool, practicability and feasibility of the study. Six elderly people were selected as samples that fulfilled the inclusion criteria. The data was analysed to find out the reliability of the tool used.

Data collection procedure

Ethical approval was obtained from the Ethics Committee. Formal permission was obtained from old age home authority, researchers explained about self and the purpose of study. Anonymity and confidentiality was



maintained. The researcher took about 5 minutes for each subject to collect the data by interview method. Data collection was done. The assessments were completed within 1-day.

Data analysis

The data obtained are analysed in terms of the objective of the study using appropriate descriptive and inferential statistics.

Descriptive statistics

In descriptive statistics frequency, mean, mean percentage and standard deviation used. The chi square test used to find the association between the pre-test level of depression and selected socio demographic variables.

RESULTS

Fig 1 reveals that the prevalence rate of suicidal ideation among old age residing in old age home is 90% whereas the prevalence rate of suicidal ideation among old age residing in family is 56%.

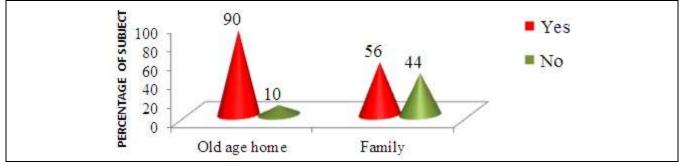
Table 1 Shows that there is a statistically significant difference exists between suicidal ideation among old age people in selected old age homes and family. (tdf₍₅₈₎₌ 2.66, p \leq 0.01). Chi-square shows that there is a statistically significant association exist between pre rest level of the suicidal ideation and type of family (κ^2 =3.896,tdf₍₁₎=3.84 p<0.05) whereas no significant association exists between other selected socio demographic variables.

Table 1. Comparison of suicidal ideation among	g old age	people in selected old ag	ge home and familyn =60
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Groups	Mean	S.D	' t' value	
Old age home	1.54	0.76		
Family	1.43	0.504	18.823**	
$tdf_{rm} = 2.66$ n ≤ 0.01) S**- Significant				

 $tdf_{(58)=}$ 2.66, p \leq 0.01) S**= Significant

Fig 1. Percentage distribution of suicidal ideation among old age people in selected old age home and family.



DISCUSSION

In this study indicated that the prevalence of suicidal ideation is more among old age people residing in old age homes in comparison with old age residing with their family members and hence it is a great matter of concern to take the necessary suicide prevention managements among old age especially who are abandoned by their family members by doing the periodical assessment of suicidal ideation.

Present study is supported by non-experimental descriptive study conducted at IQRAA International Hospital and Research Centre, Calicut, Kerala. The hospital is situated in an urban area, but its patients consists predominantly of the rural population. This hospital has a well-established Psychiatry Department with an inpatient capacity of 60 beds. Psychiatry Department receives referrals from the various departments of this institute for management of approximately 10–20 suicide attempters in any given

month. The institution has a written rule that any patient admitted for a suicide attempt has to be evaluated by the Psychiatry Department before his or her discharge from the hospital. Consecutive suicide attempters of all age groups referred for detailed psychiatric evaluation from various departments from the period 2002 to 2008 formed the study sample for the two comparison arms. Elderly were defined as those with the age above 65 years. Dr. P. N. Suresh carried out the assessments during the initial consultation. The information was obtained from both patient and caregiver. The assessments were completed within 1-day of receiving referral. All psychiatric diagnoses were made using International Classification of Diseases-10 criteria

IMPLICATIONS Nursing education

• Nurse educators can motivate the students to take up experimental studies on various non-pharmacological



69

treatment modalities.

• The students need to be taught evidence based practices and keep their knowledge up-to-date.

• Nurse educators can periodically organize special training programmers on depression among old age to the staff nurses in order to educate the patients.

Nursing Practice

• Nurses should be trained to practice different nonpharmacological measures and other complimentary therapies for various common diseases.

• Nurses should teach the patient about the advantages of the alternative therapies so that the patient can practice them even in the home settings.

• Different types of in-service educational programmes and orientation courses have to be conducted for the staff nurses from time to time.

Nursing Administration

• Nurse administrators should take initiative in motivating the nurses to take up interventional studies to promote the non-pharmacological measures for various ailments.

• Policies and protocol need to be formulated for the practice of alternative therapies in the community and hospital settings.

Nursing Research

• Nurse researcher should conduct researches on ways to manage depression among old age who are residing in old age home. This will provide scientific data and adds more scientific knowledge to nursing profession.

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• The nurse researcher should conduct workshops, seminars, and poster sessions and should publish research findings in journals to communicate findings to nursing professionals.

Recommendation

• Comparative study to assess the effectiveness of gardening on depression among old age in selected old age home and any other depression management like guided imagery on reduction of depression can be done to implement cost effective depression management techniques to manage depression among old age people in selected old age home.

• Replication of the study at different setting could be carried out with a larger sample size.

Time series design can be done.

STATEMENT OF HUMAN AND ANIMAL RIGHTS

All procedures performed in human participants were in accordance with the ethical standards of the institutional research committee and with the 1964Helsinki declaration and its later mendments or comparable ethical standards. This article does not contain any studies with animals performed by any of the authors.

ACKNOWLEDGMENT

Nil

CONFLICT OF INTEREST No interest

