CHAPTER-II

THE REVIEW OF RELATED LITERATURE

2.1. STUDIES CONDUCTED IN THE EFFECTS OF DEPRESSION & EMOTIONAL INTELLIGENCE AMONG ELDERLY PEOPLE

A. Mishra et al., (2022). The physical and mental well-being of the elderly also have a major role in how they rate their quality of life. Three different nursing homes in South Delhi were the sites of cross-sectional investigations. Using a validated questionnaire, the Geriatric Depression Scale established a systematic, reliable, and valid data collecting method (GDS). We employed a systematic random sampling technique to get the necessary number of samples (n=105) after we had participants' informed consent. We used SPSS 21 to do the statistical analysis. The statistics show that depression affects around 73.3 percent of the population. Of the people who were surveyed, 26.7% displayed moderate despair, 31.4% demonstrated considerable depression, and 41.9% had almost no melancholy all. Being married, having a low level of education, being female, not having a stable source of income, suffering from co-occurring mental health disorders, and not having frequent contact with family and friends were all factors that were found to be statistically significantly correlated with depression (p 0.05). The increasing number of cases of depression among the elderly residing in nursing homes highlights the increasing strain on mental health services, emphasizing the critical need for prompt identification and treatment of mental health issues.

Akram Baghdadi et al. (2021). The mental and emotional health of the elderly is greatly affected by dysphoria. Finding out if and to what degree elderly residents of Kashan City, Iran with higher emotional intelligence scores reported reduced dread of dying was the primary goal of this study. A group of Iranian researchers from Kashan performed a quasi-experimental study in 2019 using 60 elders as volunteers. Each person took part in the study by being randomly assigned to one of two groups: the control group or the experimental group. Prior to the intervention, participants in each group filled out demographic surveys and a death anxiety scale to establish their baseline levels of fear of death and other related factors. Over the course of two weeks, participants in the study were randomly assigned to one of eight groups that would undergo emotional intelligence training. Those in the other category did not get any bonuses. Additionally, the Templer Death Anxiety Scale (TDAS) accompanied the demographic questionnaire. Both groups were given the same survey to assess their levels of death anxiety again after one month of the intervention. Some of the descriptive and analytical methods used to look at the data were t-tests, chi-square, and Analysis of Variance (ANOVA) using repeated measurements. Twenty-two people in the study were in the 61–65 age range; this accounted for 73.3% of the total group and 56.7% of the control group; however, only seventeen people were in this age range. The Chi-square test did not reveal any statistically significant differences between the two groups when comparing them according to demographic factors including age, gender, marital status, education level, and profession. The results of the repeated-measures ANOVA showed that the therapy group had significantly lower levels of death fear across all three time points (P0.05). A statistically significant

decrease in death dread was seen in the experimental group between the two assessments (P 0.05). Although the groups' mean ratings on the death fear scale were comparable before the intervention (P=0.006), they were significantly different after the intervention (P0.001) and again after one month (P0.001), suggesting that the sessions had the desired impact. Older adults with lower levels of death anxiety also had better EQi scores. Many aspiring doctors want to be of service to their elderly patients by easing their transition into death.

Alessandra Canuto et al. (2017). Discrepancies in diagnostic criteria make it impossible to narrow down the true prevalence of anxiety disorders among the elderly. The Mendis ICF65+ study tracked participants for a year, looking at things including the prevalence of anxiety disorders, how comorbidities vary by gender, and how they impact participants' quality of life. Several centers' cross-sectional data sets were reviewed. The 3,142 participants included men and women from five European countries and Israel, with ages ranging from 65 to 84. Anxiety disorders were screened using the CIDI65+, a computerized diagnostic interview that was particularly designed for older individuals. About 17.2 of the population suffered from an anxiety disorder. This list ranks the most frequent mental health illnesses in order of prevalence: agonophobia(4.9%), panic disorder(3.8%), animal phobia(3.5%), GAD(3.1%), PTSD(1.4%), social phobia(1.3%), and OCD (0.8%). The percentage of people in the 75-84 age bracket who suffer from an anxiety condition fell from 47% to 60% compared to the 65-74 age bracket. Generalized anxiety disorder (GAD) and agoraphobia were more common in males than in females. Prone to severe depression were just issues with anxiety and phobias. There was a negative connection between QOL and just agoraphobia and generalized anxiety disorder. The CIDI65+ discovered different results from previous studies about the prevalence of anxiety disorders in the elderly. They also identified a decline in quality of life and fewer correlations with co-morbidities.

Ananta Dhungana (2020). Major depressive disorder is widespread among the world's poorest nations. Emergency for the welfare of the whole population. There is an alarmingly high prevalence of suicide and depression among the elderly. Finding out what factors increase the likelihood of depression among Pokhara's elderly residential care facility residents is the primary goal of this research. The three primary senior facilities in Pokhara were the focus of this inquiry. A survey of residents of senior housing facilities provided the data used for this analysis. Researchers measured the prevalence of depression in the study's older participants using the Geriatric Depression Scale. In order to determine the frequency of depression and its possible causes among these older adults, chi-squared testing was used. The research indicated that at least 80% of the older population had signs of depression. Compared to men, women had much greater rates of depression. Age, sex, years of schooling, relationships, and employment experience all have a significant impact on the participants' degrees of depression. Residents' degrees of discontent were also significantly correlated with the activities offered to them in assisted living facilities. In a study of seniors living in nursing homes, researchers found that the intensity of depressive symptoms was significantly correlated with age, sex,

marital status, profession, and leisure activities. It should be a major priority for the relevant agency and other authorities to increase the availability of recreational opportunities for seniors.

Anjana Bhattacharjee, et al., (2019) The prevalence of geriatric depression is growing, and research shows that it shortens and worsens the health of the old. Finding out how much more common depression is among nursing home residents compared to their loved ones is the driving force behind this research. One hundred seniors, ranging in age from 60 to 90, were selected for the study. Fifteen men and thirty-five women now live at home with family, while fifty-one women, making up the other half, have been in an assisted living facility for at least a year before. To measure depressive states, researchers used Aaron Beck's Depression Inventory-II (BDI-II; 1961). A number of statistical tools were used to examine the data, such as the t-test, Pearson's correlation, standard deviation, and basic linear regression. Final thoughts People who lived in nursing homes had a much higher risk of depression compared to those who stayed at home with their relatives. Depression risk in the elderly may be better predicted by demographic variables such as geography and sexual orientation.

Araghian & Toozandehjani (2016) Researchers looked explored the impact of group logotherapy on death anxiety and loneliness in the elderly by The whole sample consisted of 65-and-up seniors from a medical facility in Mashhad, Iran. Two groups were formed from twenty male and female residents of a Mashhad sanatorium in 2013 and 2014, based on their self-reported demographic data. The Revised Loneliness Scale and the Death Anxiety Scale were among the instruments used. One of the statistical tools that were used to examine the data was covariance. On assessments of social isolation and fear of dying, the experimental group fared better than the control group (p0.05).

Azam Bazooband et al., (2016) This research aims to determine whether or not geriatric group memory therapy improves EQ in its participants. Forty elderly people from an unidentified community center participated in a July 2015 quasi-experimental study in Shiraz, Iran. The study included a control group that was given a test before and after the intervention. Data was collected using the Schering-Plough Inventory of Emotional Quotient, which had previously been created. The data was analyzed using IBM SPSS Statistics 22.0 (Released 2013; Armonk, NY, USA), using a 95% confidence interval and a =0.05 measurement error. This research set out to test the hypothesis that group memory therapy would have a positive effect on participants' emotional intelligence (EQ). Results showed that the intervention, group reminiscence therapy, had a strong correlation with the emotional intelligence tests given to the older individuals in the study. Group memory therapy may improve the emotional intelligence of the elderly by teaching them to regulate their emotions and improve their capacity for creative problem-solving.

Azeem et al., (2015) analyzed the rates of resilience, fear of dying, and depression among the elderly residing in versus not residing in nursing homes. For this study, 80 people (all 60 and over) were randomly selected using a stratified sampling method. Out of a total of 80 seniors, 20 were male and 30 were female. Of them, 40 lived in residential care facilities and 40 lived in the community. The State-Trait Resilience Checklist (Sawar, 2005), the Death Anxiety Scale (Templer, 1970), and the Siddique and Shah Depression Scale (Siddique & Shah, 1997) were all translated into Urdu and completed by the participants. Institutionalized people were more likely to suffer from despair and worry about dying, while non-institutionalized people exhibited more state-trait resilience. Males and females had similar levels of resilience at this age, with the exception that older men exhibited more trait resilience. The results showed that aged ladies experience death anxiety much like old males. Depressive symptoms were more common in older women than in older males. Some research has shown that older adults who have never tied the knot worry more about death than those who have been married or widowed. Teaching the elderly new skills to better handle life's unavoidable demands was one of the study's outcomes.

Bajpai (2015) Performing qualitative study helped shed light on how social networks and interactions play a part in protecting the elderly from loneliness. Researchers wanted to find out how widespread isolation is among the elderly and if there was any correlation between this group and the benefits of frequent social contact and robust support networks. The research opted for a qualitative technique since it aimed to understand more abstract concepts, such as human attitudes and sentiments. The data was collected via the use of yes/no questions in semi-structured interviews. Nearly forty-eight seniors were polled for the study's empirical data; all of them were either living in their own homes or in nursing homes. The data was analyzed based on its content. Positive and negative connections were both shown in this study, demonstrating that people's experiences of loneliness are complex. Most seniors reported feeling less lonely at home or in their neighbourhood than in retirement residences or other institutional settings. After comparing themselves to their neighbours, the retirees finally grasped the depth of their isolation. The research shows that assisted living and community living for seniors both have similar social advantages. Future studies on elderly isolation may benefit from the results. Numerous inferences are possible from the reviewed literature. A lack of social networks makes it difficult for the elderly to deal with feelings of loneliness and isolation. The likelihood of loneliness among seniors whose families provide care is lower than that of those whose loved ones live in institutions. People who choose to age in place with loved ones tend to have greater community connections than those who opt for institutional care. There was a complete lack of activity on the most popular social media platforms among both middle-aged males and women of childbearing age.

Bijayalaskhmi Dash & Sasmita Panigrahi (2015) The passage of time, or aging, is an inevitable and uncontrollable aspect of being human. The individual's ability to handle stress has diminished due to the overall decline in functioning that has taken place recently. In India,

nuclear families have grown in popularity over the last halfcentury, replacing the conventional nuclear family. The security of those living in retirement villages and other types of institutional settings is enhanced. A lonely, downtrodden soul may wither away in the absence of caring loved ones. Because of this, the researchers in the study surveyed 33 seniors living in three different facilities in Berhampur, Odessa. According to the results, the average level of stress experienced by seniors is moderate, accounting for 60.6% of the total, and they use a large variety of coping mechanisms, accounting for 69% of the total.

Bikram Kafle et al. (2017) A disturbing trend is the rapid acceleration of the median age of the global population. An increasing number of people over the age of 65 suffer from depression. Very little is known about the incidence of depression among developing-world seniors, especially those residing in nursing facilities. Examining the correlations between demographics, personality traits, and the built environment as well as the prevalence of depression among the elderly residing in retirement homes in the Kathmandu Valley is the primary goal of this study. A total of 203 seniors residing in Kathmandu Valley retirement residences participated in this crosssectional research. More than half of the population will suffer from depression during their lifetimes, according to one research. Approximately 34% had mild sadness, with 13% exhibiting major depression. Depression, health issues, retirement community satisfaction, loneliness, social support, and functional impairment were all strongly correlated. Depression strikes elderly people living in Kathmandu Valley retirement communities at a higher rate than the general population. Therefore, they contribute less to society and more to their families' and the economy's financial woes. Consequently, swift action by the appropriate authorities is essential to combat geriatric depression.

Bongo et al., (2014) An aging population is a natural consequence of other socioeconomic changes, such higher literacy rates. Alterations in demographic behavior, such as assortative mating, are linked to increases in educational attainment. fecundity, the passing of knowledge from one generation to the next, and how this influences both the health of the elderly and their educational opportunities. In order to analyze the KLoSA data, a recursive demographic model was used (Mare & Maralani, 2006). A higher health status among the elderly is the first benefit of the reading epidemic. It's possible that this shift was influenced by intermediate-level demographic variables. Second, since educated people have fewer children, the ratio of the young to the old decreases as literacy rates rise. Nonetheless, this drop does not stand out. The third point is that education has a good impact on the health of both children and the elderly, which means that there are more college-educated youngsters relative to sick seniors. The results show that improved educational possibilities alter the ways in which the elderly interact with their children and grandchildren, hence reducing the financial burden of caring for an aging population.

Borg, Hallberg, and Blomqvist (2006) We looked studied the relationship between social, health, and economic factors and life satisfaction among those aged 65 and above who had impaired self-care abilities. The purpose of this study was to investigate the relationship between the happiness of people aged 65 and above and a number of demographic and life environment characteristics. An analysis was conducted on 522 older Americans using a cross-sectional sample that included the life satisfaction index Z and a qualified resource schedule. Overall self-covered health and financial resources relative to needs showed the most explanatory power, whereas gender and socioeconomic position had no effect. Irritation, the ability to concentrate and rejuvenate, and isolation were other critical factors. There are several social, physical, emotional, and financial factors that lead to isolation, including loneliness, inability to drive alone, poor health, anxiety, and insufficient funds. Low financial resources compared to requirements is likely one of the variables affecting life happiness among the elderly with decreased self-charge capacity. These considerations are critical for maintaining stable populations because they allow the majority of people to maintain or raise their level of living.

Carmen Andreescu and Daniel Varon (2015) anxiety disorders afflict the elderly at disproportionate rates, however most instances remain untreated and undetected. Based on the research methodology, the prevalence estimates vary between 1.2% and 15%. While certain anxiety disorders, such agoraphobia and generalized anxiety disorder (GAD), might manifest in old age, the vast majority of cases of anxiety disorders in the elderly are long-lasting and began in childhood or early adulthood. Anxiety disorders are associated with an increased risk of death, disability, and unexplained suffering in the elderly due to cardiovascular disease, stroke, and cognitive decline. Neuropathology associated with aging and the loss and loneliness experienced by the elderly both have a role in the specific ways in which anxiety manifests in this population. This article aims to summarize the most recent findings about anxiety problems in the elderly. It covers recent innovations in neuroimaging, neuroendocrinology, neuropsychology, and other related fields. All the latest data, including those from mainstream and alternative medicine, are given.

Chandrakanth Jamadar & Shalini Chawla (2020) The traditional family unit and social mores that have long supported Indian culture are undergoing transformation as a result of the pressures of industrialization, urbanization, and the pervasive impact of Western lifestyle in the country's major cities. The elderly's social standing has undergone a remarkable shift during these changes. They aren't getting the same level of care, love, and respect that they formerly did. To rephrase, this is the fundamental reason why people age. The research will include a sample of 100 elderly persons from Mysore, with half coming from institutions and the other half from the community. Finding out how much fear of dying there is among elderly people living in institutions and those living in the community is the primary goal of this study. The study found that institutionalized seniors were more likely to suffer from loneliness compared to their non-institutionalized counterparts. Neither institutionalized nor community-dwelling seniors showed any statistically significant difference in their levels of death dread. In times of necessity, you should never put undue stress on your parents. Things like separation anxiety,

death, aging, and health will be on the agenda. It's not death per se that's scary, but the inevitable fear of dying that comes with becoming older, which develops into the prison of worry. The pause between two heartbeats is like the solitude you're experiencing at the moment. Given their position as custodians of as to Arjun Kumar's research on Indian culture, the elderly are revered to an almost idolatrous degree. People of advanced years are revered as wise elders due to the wealth of knowledge they have accumulated throughout the years. Many cultures hold elders in high regard due to the important role they play in passing on knowledge from one generation to another. An abundance of affection and family history may be found in the elderly. The last stage of a human life is old age. Thinking back on one's formative years is more common than forward momentum, and it's often accompanied by feelings of regret.

Chen, Yiwei et al., (2016) Weight standard deviations (SWBs) tend to rise with age. Evidence from studies reveals that emotional intelligence (EQ) and, by extension, SWB, tend to rise with age. The major goal of this study was to determine if emotional intelligence mediates the relationship between SWB and age. The investigation included 360 Chinese people, ranging in age from 20 to 79. Age, life satisfaction, and emotional well-being were all influenced, to a lesser extent, by emotional intelligence. Future attempts to enhance SWB by tapping into the heightened emotional intelligence of the elderly should be encouraged by these results.

Christine W. et al. (2015) look at how money and profession affect the relationship between education and healthy eating while ordering takeout orders. There is consensus that higher education improves social cohesion, but our knowledge of the mechanisms behind these gains is limited. This study investigates how income and occupation may influence the relationship between education and healthy food preferences among men and women. 946 seniors in Manitoba, Canada were the subjects of a population-based prospective cohort research. Using logistic regression, the researchers analyzed the link between socioeconomic factors (level of education, income, perceived occupational prestige) and health-related outcomes in the elderly population four years later. After accounting for the impacts of education, both measures of income, but not employment, were significant predictors of healthy aging in men. Additionally, there was little to no correlation between educational attainment and healthy aging. There was no explanation for the positive link between education and healthy aging in women in terms of either salary or occupation. Examining the link between having enough money and being happy with one's life. Men, but not women, benefit from a higher education when it comes to their health and lifespan. Knowing what factors and mechanisms influence healthy aging might inform interventions to improve the odds of this outcome.

Cynthia Sayolu and Persis Bathala (2020) Changes occur in one's thoughts, relationships, and body as a result of aging. Because of the high rates of disability and morbidity it causes, depression in the elderly is an important issue in public health. The researchers set out to

determine how common depressed symptoms are among the elderly residing in nursing homes. The purpose of this study was to examine the demographic and socioeconomic factors that may be associated with depression among the elderly living in nursing homes. A total of sixty residents of Kurnool's retirement communities were the subjects of cross-sectional studies conducted between August and October of this year. In order to gauge the extent of depression, the Geriatric Depression Scale was used. We used SPSS 21 for data analysis and Excel 7 for data recording. If the p-value was less than 0.05, we regarded the findings as statistically significant, and we used the chi-square test to find out. Dependence is exacerbated by factors such as femininity, advanced age, lack of education, poverty, financial dependency, and reliance on others to do basic daily activities. the likelihood of depression among inmates increased, reaching 66.7% globally. Given the increased risk of depression among older female convicts, it is of utmost importance to provide them emotional support and opportunities to participate in community activities.

Desai et al. (2016) Higher rates of depression, isolation, cognitive decline, and reliance on others for daily tasks were reported by both community-dwelling and institutionalized older individuals. The geriatric depression scale, the University of California, Los Angeles scale, Lawton's instrumental activities of daily living scale, and the Montreal cognitive assessment scale were used to evaluate 71 older adults in this study. The screening tool used was the mini-mental state examination. The participants were recruited through serial sampling, with 39 from institutions and 32 from the community. Depression was more common among women, men who had just experienced the death of a spouse, and the elderly compared to the overall population. Women, institutionalized people, and clinically depressed seniors reported higher rates of and severity of loneliness. There was an association between the intensity of depression and the degree to which daily activities, cognitive capacities, and feelings of isolation were limited only among older individuals residing in an institutional environment. Institutionalized seniors have a heavier social and psychological load than their community-dwelling counterparts. The cognitive and functional impairments brought on by depression are easier to manage when older people have social support from family members who live in the community.

Nerea Galdona et al. (2018) In recent years, there has been a lot of talk about how to age healthily. Perceiving and comprehending emotions as well as having control over them are two of the many aspects of emotional functioning that are essential for regulating and controlling one's emotional life. The umbrella word for all of these skills is "Emotional Intelligence" (EI). A large amount of evidence suggests that EI has positive effects on mental health, interpersonal connections, and physical wellbeing. It is difficult to generalize the findings from research that have only included adolescent and young adult populations. That is why we're doing this study to find out how happy and healthy the elderly are.

Gaur, Divya et al., (2020) The many mental and physiological changes that come with becoming older have an impact on how people live their lives and their overall health. As a person's mental health deteriorates or improves, they may find it more difficult to engage in a wide range of activities. They are ill-equipped to make the most of the resources that are already available to them, and they have no idea where to turn for help. We obtained useful results by using a quantitative technique and randomly selecting 61 people in a certain order. Specifically, the Ryff's Psychological Well-Being Scale and the Socio-demographic Performa were used to gather data. Descriptive and inferential statistics were used to examine the data. This study's findings are derived on an assessment of the mental health of assisted living facility residents conducted via interviews prior to an intervention. Prior to the intervention, 91.8% of the participants were determined to be in very good mental health, while 8.1% were in a moderate state. When the session ended, everyone's mental health improved significantly. For many reasons related to their inability to adapt to the changing demography of this nation, the mental health of older adults living in retirement communities separate from their own families deteriorate, according to the findings of this study. Taking part in these activities boosted the seniors' emotional health. When patients of some nursing homes participate in group activities or projects, it has been shown that their mental health improves.

58

Kulvir Singh and Ginjinder Kaur (2018) The purpose of this research was to determine the prevalence of depressive symptoms and risk variables in a sample of 400 men (200 from institutional settings and 200 from family settings) who were 60 and above. People 65 and over who lived alone were 68.5% more likely to have depressive symptoms than those who resided in a family setting, where the prevalence was 31.5%. Research has shown that elderly men who are underweight are more likely to have depressive symptoms. Since there is a link between male progeny and postpartum depression, it stands to reason that helping children while they are young would improve their mental health later on.

Nikhade and Goud (2015) One cross-sectional research examined two retirement homes in the Ahmednagar area of Maharashtra to see how common depression was among the residents. The sample size for this survey was 80 seniors (ranging in age from 60 to 85) living in an assisted living facility. The elderly person was asked to fill out the geriatric depression scale (GDS) questionnaire in their original language after rapport had been established. In a study of elderly people residing in nursing homes, depression was shown to be more prevalent among women (58.82%) compared to men (44.83%). People who had never been married (40%), those who were divorced or separated (63.63%), and those who had lost a spouse (67.57%) were more likely to suffer from depression. Depression was more common among the elderly residing in nursing homes. Women had a higher depression rate than men, and this disparity remained as people became older. Among the retirement community's residents, 29 males and 51 females took part in a cross-sectional survey. All all, the sample group had an average age of 72.

Harishchandra Ghimire et al., (2013) An increasing number of people over the age of 65 suffer from depression. If we want to find solutions that really work, we need to know how bad the situation is. Finding out how common and different types of depressive symptoms are among elderly people living in institutions and those living in the community was the driving force for this study. This research was conducted in the region immediately around the Devghat retirement community in Chitwan, Nepal. Researchers from June to September 2007 carried out a cross-sectional investigation. A total of 110 individuals were included in the sample. Of the 55 persons who took part, 55 lived in the neighbourhood and 15 were residents of an assisted living facility. Data was collected using a standardized version of the Geriatric Depression Scale in addition to a socio-demographic interview schedule. The following factors were considered independent variables: age, sex, caste, religion, marriage status, spousal status, education level, pension, monthly family income, social assistance, family size, location, and number of children. The dependent variable was the depressive illness. This study's findings are consistent with those of earlier, larger investigations, the authors write. There is a significant emotional and financial burden on communities and families that provide nursing home care for the elderly due to the high incidence of depression among this population. Consequently, swift action by the appropriate authorities is essential to combat geriatric depression.