

DOI: 10.53555/ks.v12i4.3188

Psychological Resilience And Adaptation In Institutionalized Elderly: A Comparative Study With Non-Institutionalized Elderly

Binish Nighat¹, Dr. Benish Khan², Prof. Dr. Leenah Āskaree^{3*}, Yousaf Khan⁴, Engr. Ammaar Baig⁵, Ahmad Shujāā Baig⁶

¹Lecturer, Department of Psychology, Hamdard University Karachi, Pakistan. Email: binish.nighat@hamdard.edu.pk

²Associate Professor, Department of Psychology, Hamdard University Karachi Pakistan, Email: benish.khan@hamdard.edu.pk

³Chairperson Department of Psychology, Hamdard University Karachi Pakistan. Email: dr.leenah@hamdard.edu.pk

⁴Lieutenant in Pakistan Navy, Karachi Pakistan. Email: yousafkhan619@yahoo.com

⁵Business Analyst, the Resource Group Pakistan. Email: Ammaar.Baig549@gmail.com

⁶Associate Consultant, Associate Consultant at Sidat Hyder Morshed Associates Pakistan. Email: ahmad.shujaa.baig@gmail.com

ABSTRACT

The purpose of the research was to evaluate the effect of institutionalization on the level of self-esteem, and life satisfaction among elderly people. For this purpose, it is hypothesized that: Self-esteem would predict Satisfaction with Life in institutionalized elderly. The sample was comprised of 120 individuals in which 60 were institutionalized elderly and 60 were elderly who live in their homes. Authorities of old age homes in Karachi were approached and permission for data collection was obtained. Non-institutionalized sample was approached through snowball technique. Their age ranged from 60 years and above (M=66; SD=7.2). Urdu version of Rosenberg's Self-esteem Inventory (Sardar, 1998) and Satisfaction with Life Scale (Diener, Emmon, Larson & Griffin 1985) were used. Participants' permission was also taken and they were informed about the research through informed consent. After taking consent, Rosenberg's Self-esteem Inventory (Sardar, 1998) and Satisfaction with Life Scale (Diener, Emmon, Larson & Griffin 1985) were administered in individual setting. For statistical analysis, descriptive statistics and Linear Regression were applied through SPSS, version 23. Linear Regression Analysis showed that self-esteem is a significant indicator of life satisfaction ($R^2 = .78$, $F = 417.02$, $p < .01$) among institutionalized elderly.

Keywords: Institutionalized elderly, Non-Institutionalized elderly, Elderly, Self-esteem, Life-Satisfaction

INTRODUCTION

Ageing is a universal, natural and biological process of the life cycle. The human beings with the passage of time go through series of life stages starting from birth that continues throughout the individual's life till death. According to Erik Erikson, there are series of eight stages starting from infancy that ends at late adulthood i.e. old age. The individuals begin to experience changes in their physical, mental & social health as they enter in old-age that makes them vulnerable to bio psychosocial crisis (Munley, 1975). Psychosocial crisis may include at physical, emotional, or cognitive level (Erikson 1968). The elderly population are being increasingly admitted in institutions (Finocchio & Silva, 2011), has developed the concern for caring of elderly people which can be attributed to the change in family system from traditional to modern life style i.e. joint family system to nuclear family setups. (Chadha, 1996; Ryan & Deci, 2001).

Choi, Ransom, and Wyllie (2008) conducted study on elderly people of institutions and nursing homes and highlighted some contributing factors of depression that includes loss of job, independence and privacy as well as feelings of loneliness and isolation that affects the quality and level of satisfaction with life amongst elderly (Hjaltadottir & Gustafsdottie, 2007; Subasi & Hayran, 2005). Studies explored the relation between self-esteem and life satisfaction. Cummins, Eckersley, Pallant, Van, & Misajon, (2003) identified self-esteem as underlying attributing factor for life satisfaction. According to Rosenberg (1965), Self-esteem is how an individual feel about oneself, whether good or bad. Rosenberg's self-esteem theory is influenced by two hypothesis: the first one is observing oneself from others point of view, and the second one is comparing oneself with others. On the other hand, based on Diener's (1984) bottom-up theory, life satisfaction is about how happy one feel with different aspects of his life added together. Both self-esteem and life satisfaction are connected. People in all cultures think that if you feel good about yourself, you're more likely to feel satisfied with life (Diener & Diener, 1995). This was supported by Moksnes and Espnes (2013), who found that young people feel happier with their lives when they have good self-esteem, regardless of their age or gender.

Life satisfaction is known to be significant factor in determining mental health of elderly (Medley, 1980). Koohbanani and his colleagues (2013) regarded life satisfaction as individual's positive attitude toward his external world. Life satisfaction is a susceptible determinant to contextual changes that is not as a persistent objective quality and it is judged on the basis of individuals' perception and interpretation (Aishvarya et al., 2014). Schwirian (1982) stressed the importance of institutionalized elderly's perception of their well-being in promoting the quality of life. Research of life satisfaction among non-institutionalized elderly of age sixty-five years and older, found that life satisfaction is significantly influenced by satisfaction with family life, which suggests that it is quality of the interactional experience that helps in understanding the process of aging

and life- satisfaction (Conner, Powers, and Bultena, 1979). Patricia and Russell (1980) in research of life satisfaction among institutionalized elderly, by using Life Satisfaction Index of Adams (1969) reported following factors responsible for satisfaction and dissatisfaction with life these included; range of leisure time activities, healthy interpersonal relationships between staff and residents; physical safety and monetary security; enjoyable mealtimes; frequent visits of others; and positive perceived health. Other responsible factors for reducing the life satisfaction included; lack of flexibility in meal schedules, lack of freedom in room choice, financial insecurity, and absence of friends' visits and lack of contentment with the past life. Findings of one study revealed that self-esteem increases when people are satisfied with their life. Individuals who attained low scores on self-esteem likely to score lower in life satisfaction and those who attained higher on self-esteem likely to score higher in life satisfaction (Bunkers 1983). Foregoing in view, it is felt that there is dire need for evaluating the difference among the elderly of institutions and those living with their families, on the variables of depression, level of self-esteem and level of life satisfaction.

LITRATURE REVIEW

The elderly age is a phase of human life cycle that is unavoidable, problem-ridden and undesirable due to which it is known as “dark” because people refuses to see (Gowri, 2003). Erikson (1968) highlighted that problems occurs in psychosocial level that may be of physical, emotional, or cognitive nature. The term Old-age is synonymously used for senior citizens, seniors, older, adults, the elderly, and elders (American Psychological Association, 2010). Old-age is viewed as an advanced stage of life which depends upon level of welfare available in any society that reflects the significance of cultural and social factors (Emiroglu, lilik, & Linin, 1995). Kosar (1996) regarded the Old-age as the phase of life in which efficiency of work and overall performance declines which has been chronologically categorized into three groups; Young-old (65-74), Medium-old (75-84) and old-old (85 and over). Whereas, Ozer (2004) reported that old-age or elderliness begins at the age of 65 years or above.

In order to systematically understand the process of aging, theorists explained this phenomenon through domains of psychological, sociological, and biological perspective. Erik Erikson's (1964) theory of psychosocial stages of life is the most relevant psychological theory that better explain the process of aging and changes during the course of life from infancy till death. Old-age characteristics resemble the Erikson's last phase of life during which there is conflict between “Integrity vs despair”. When conflicts during previous stages of life are resolved and the individual perceives himself a productive member of society which develops sense of accomplishment in individual that reflects the resolution of conflict between “Generativity vs Stagnation” during second last stage of psychosocial development. Thus, during the last stage there is acceptance of one that develops sense of satisfaction with life. Acceptance and positivity making the total output of life worth living and worthwhile (Schoklitsch & Baumann, 2011).

➤ Institutionalization

The increasing number of elderly population has increased the concern for caring of aged person. As in the past, providing care for the aged has never been a problem due to joint family system because during hard times family members of joint family system use to share the burden and help each other. However, changes in values, family structure and psycho-social matrix compelled the society to leave their elders alone or shift to institutions/old age homes (Devi & Roopa, 2013; Dotty, 1992; Hegde, Srinivas, Rao, Pai, Mudgal, 2012; Kumar, Das, Rautela, 2012; Mishra, 2008). Earlier, senior or elderly member of the family was regarded as a treasure of knowledge and used to be respected, and honored which has been observed to be fading from cultural practices and values. The family system is changing from traditional joint family system to nuclear family setups where the elderly are being ignored (Chadha, 1996; Ryan & Deci, 2001). Elderly population are not being supported by their family members due to which they are even unable to meet their basic requirements and are being victims of disrespect, carelessness, loneliness, physical and verbal abuse, consequently found to have poor health, (Afzal, 1999; Clark, Zaman, & Chaudry, 2002). Thereby a new form of caring and living system (Institutionalization) is replacing the traditional form of caring system where the older persons were used to live within the family (Chadha, 1989). There is constantly increasing frequency of placing the elderly population at nursing homes (Finocchio & Silva, 2011). Even though, Pakistan is still considered a socially cohesive society, studies ascertained a decrease in the number of combined and joint family systems (Itrat, Taqai, Qazi, & Qidwai, 2007). Studies reported various reasons for placing elderly in old-age homes including lack of care, insufficient housing, economic crises and break-up of joint family (Bansod, Paswan, 2006; Bharati, 2009 & Mishra, Jayanta, 2008) which affected the prior status of elderly in families and changed the value system of families (Sabzwari & Azhar, 2011). Institutionalization negatively affects the health and well-being of elderly as it develops the feelings of dependency and the feeling sick role among its residents (Dommenwerth & Petersen, 1992). In addition, there is a view that the institutions or nursing homes are the dumping places where one is left for dying (Lee, 1997) which may ultimately affect the self-esteem of institutionalized elderly (Franak, Alireza, Malek, 2012).

➤ Self-esteem

Self-esteem is the belief and mental image about oneself which is a tool for measuring that how much one love and accept him-self (Navabinejad, 2008). Self-esteem is closely found to be linked with individual's mental image about oneself which is also the coping style of an individual. Rogers (1959) reported three components of self-esteem: (i) Self- images, (how you view yourself); (ii), self-concept or self-worth (how much you worth yourself); and (iii) ideal- self (how you desire to be really like). Rogers stated that high self-esteem is the optimistic view of ourselves which lead to self-assurance or self- confidence; self-acceptance; hopefulness and not being distress from others views for him. Coopersmith (1967) recognized following bases of self-esteem; 1) significance-the way person feels to be loved and approved by significant others; 2) competence-the way important tasks are performed; 3) virtue-moral and ethical standards accomplishments; 4) power-the ability to have influence

on one's life. Makay and Glaw (1975) described self-esteem is the result of discrepancy between the "real self" (what we think we really are) and the 'ideal self (what we think we should be). The greater the discrepancy will lead to lower the self-esteem whereas the smaller discrepancy will lead to high self-esteem. Further four major factors are identified as the basis for development of self-esteem; the first factor is individual's interpersonal relationship, second factor is the individual's social comparison, third contributing factor in the development of self-esteem is role taking whereas personal evaluation in the eyes of others is also regarded the important contributing factor that influence the development of self-esteem. This personal evaluation influences the formulation of beliefs, attitudes, emotions, and values that are used as standards for evaluation (Makay and Glaw 1975). Many studies highlighted that there is significant decline in self-esteem evidenced as the individuals move to older age (McMullin & Cairney, 2004; Orth Trzesniewski, & Robins, 2010; Robins, Trzesniewski, Tracy, Gosling, & Potter, 2002; Wagner, Gerstorf, Hoppmann, & Luszcz, 2013). Howe (1973) highlighted that self-esteem gradually reduces with advancing age which is supported by many other researchers in their studies (Kogan & Wallach, 1961; Mason, 1954). However, other researchers pointed out that self-esteem increase up to middle age and then decreases as the individual gets older (Bloom, 1961; Hess & Bradshaw, 1970). Some studies that investigated the self-esteem and its associated factors among elderly highlighted various reasons to low self-esteem which include loneliness/isolation (Taft, 1985), medical conditions, physical disabilities (George, Heng, Wong, & Ng, 2014; Komulainen et al., 2014; Makizako, Shimada, Doi, Yoshida, & Tsutsumimoto et al., 2014), social reasons (Makizako, Shimada, Doi, Yoshida, & Tsutsumimoto et al., 2014), low socioeconomic status (Twenge, 2002) and cultural reasons such as stigma, being unmarried and ashamed (Fairfax, 2014). Individuals having low self-esteem are more sensitive to denial and there is tendency to withdraw and decrease the interpersonal closeness after conflicts that leads to decline in attachment, support, and satisfaction in close relationships. Furthermore, research showed that in developed and developing countries low level of self-esteem is recognized as a major risk factor for depression which is considered a most common older people disorder (Orth, Robins, Trzesniewski, Maes, & Schmitt, 2009).

➤ Life Satisfaction

Life satisfaction is evaluation of one's positive or negative feelings, attitudes and behaviors which indicates a subjective well-being of an individual that is based on his happiness and quality of life (Diener 1984). Medley (1976) recognized life satisfaction as an important determinant of elderly's mental health. Life satisfaction is regarded as the continually changeable element of life that changes throughout the life span and resembles an inverted U-shaped which shows that life satisfaction increases during initially and remains stable prior the age of 60 years which later on notably decreases during the late years of life which may be attributed to increasing health issues, dependency and loss of significant others (Campbell, 1976; Devi, Kiran, & Swachita, 2015; Herzog, & Rodgers, 1981; Kunzmann, Little, & Smith, 2000; Mroczek, & Spiro, 2005). Life satisfaction specifically declines over the age of 70 (Baird, Lucas, & Donnellan, 2010) and observed more rapidly declining among elderly approaching death (Gerstorf, Ram, Estabrook, Schupp, 2008). Still others reported that life satisfaction remains stable with advancing age (Diener, & Suh, 1998; Hamarat, Thompson, Steele, Matheny, & Simons, 2002). However, across different researchers during their studies found inconsistent results with respect to life satisfaction and patterns of changes in age among older adults. Some reported that life satisfaction increases with advancing age (Gaymu, & Springer, 2010; Mroczek, & Spiro, 2005; Stone, Schwartz, Broderick, & Deaton, 2010). Aforementioned inconsistencies of results among different researches may be attributed to various reasons including characteristics of elderly, difference in research methodology, and diverse older age group (Hsieh, 2003; Lim, Min, Thorpe, & Lee, 2016).

Researchers reported numerous factors that affects the individual's life satisfaction including age, gender, marital status, education, religion, home environment, socioeconomic status, physical and psychological health, as well as social support (An, An, & Wexler, 2008; Berg, Hassing, McClearn, Johansson, 2006; Berg, Hoffmanb, Hassinga, McClearn, & Johansson, 2009; Borg, Fagerström, Balducci, Burholt et al, 2008; Chou, & Chi, 2002; Hsu, 2012; Li, Aranda, & Chi, 2007; Li, Chi I, Zhang, Cheng, Zhang, & Chen, 2015; North, Holahan, Moos, & Cronkite, 2008; Rocke, & Lachman, 2008). Many supported that higher level of life satisfaction found among elderly with good physical abilities and independence reported (An, An, & Wexler, 2008; Banjare, Dwivedi, & Pradhan, 2015; Honkanen, Honkanen, & Viinamaki, 2001), whereas others reported that lower level of life satisfaction found among elderly with psychiatric dispositions particularly amongst isolated or with limited social support (Berg, Hassing, McClearn, Johansson, 2006; Berg, Hoffmanb, Hassinga, McClearn, & Johansson, 2009; Sivertsen, Bjørkløf, Engedal, Selbæk, & Helvik, 2015; Zhang, Li, Liu, & Xie, 2007). This link between life satisfaction and physical and mental health proved by Beutell (2006) who reported that good physical and mental well-being is strongly correlated with life satisfaction.

Researches described that satisfaction with life among elderly people influenced by various factors that affects the social involvement and interpersonal relations (Chipperfield, & Havens, 2001; Walker, & Luszcz, 2009). Chipperfield and his colleagues (2001) highlighted gender difference on the variable of life satisfaction among older adults who are living without spouse. Research concluded that both males and females recognized the spouse as significant figure for life satisfaction but while living without spouse, males were somewhat less satisfied than females. Therefore, living alone than living with spouse or family may result in poorer level of satisfaction with life. Study of elderly population highlighted that living with families reported higher life satisfaction than institutionalized elderly (Devi, Kiran, & Swachita, 2015). Inadequate social support and health deterioration amongst elderly individuals influences life satisfaction (Chou, & Chi, 2002; Pinquart, & Sorensen, 2001; Yamaoka, 2008).

An explorative study conducted by Headey and his colleagues (1993) to identify the relationship between life satisfaction and depression which concluded that negative association exists between life satisfaction and depression. People with depression and other psychiatric morbidities linked with dissatisfaction throughout the life (Samhsa & Copeland, 2004). Various environmental factors where older are living, found to be related to depression among older adults whether it is home or any shelter home. (Mello, & Teixeira, 2011). The idea of institutionalization is borrowed from western culture which is also getting popular in Asian cultures (Devi & Roopa, 2013). Today, institutions and old age homes have become essential for helpless

elderly people to provide them shelter. Therefore, upgrading the nursing home setting with improved care can improve the level of satisfaction among its residents. Moreover, positive attitude by staff of nursing home can offer support to the elderly residents hence efforts required to educate and train the staff and family members of older adults about the needs and problems of elderly people and teach them the suitable means to solve them. Older adults are dependent on others to improve the over-all quality of life (Dandekar 1993). Researchers recommended training sessions for the staff of nursing home by expert professionals (Etemadi, & Ahmadi, 2009). Therefore, in the light of existing literature it is worthy to mention that elderly citizens require urgent attention. They need understanding, love and care rather than having pity on them so that they do not spend their rest of life in isolation, pain and misery.

HYPOTHESIS

Self-esteem would predict Satisfaction with Life in institutionalized elderly.

METHODOLOGY

Current research is conducted to determine the predictive relationship of self-esteem, and level of satisfaction with life among institutionalized and non- institutionalized elderly people.

➤ **Participants**

The present study was conducted on a sample of 120 elderly individuals (M= 62, F= 58) through snow ball and purposive sampling. 60 participants were institutionalized in old age homes located in different areas of Karachi, and 60 non-Institutionalized participants living with their family were included. Participants of both gender were included in the sample. Their age ranged from 60 years old and up. The mean age of the sample was 66 years and Standard Deviation (SD) 7.2. The education level of the participants was primary to masters. Sample was selected on the following predetermined inclusion and exclusion criteria as per requirement of the study:

- Participants must not have education lower than primary so that they can understand the language of questionnaire.
- Marital status such as single unmarried, divorced and widow were included.
- Individual with any kind of physical disability or a major illness were not included.
- Individual with any psychological disorder were not included.
- Only those participants were included in the study who volunteered and gave their consent.

➤ **Measures**

Demographic Information Sheet:

Demographic Information Sheet is a self-developed data sheet. It includes age, gender, education, family system, marital status, financial and medical status of participants. It is developed by the researchers, as per the requirement of this research project.

Rosenberg Self Esteem Scale (RSE)

Rosenberg Self Esteem scale comprise of ten items. A 4-point likert scale is used for rating, ranging from strongly agree to strongly disagree. Description of the ratings is: "Strongly Disagree" 1 point, "Disagree" 2 points, "Agree" 3 points, and "Strongly Agree" 4 points. Items 2, 5, 6, 8, 9 are the reverse score items. Higher scores reflect high self- esteem. The reliability of scale 0.92, and internal consistency is 0.87. In the present study Urdu translated version of RSE (Sardar, 1998) was used that shows internal consistency of .71.

Satisfaction with Life Scale (SWLS)

Satisfaction with life scale was developed by Diener, Emmon, Larson and Griffin (1985) which measures global life satisfaction. It is consisted of five items and each item is rated on seven-point Likert scale ranging from 1 "Strongly Disagree" to 5 "Strongly Agree". The description of rating is 1 for "Strongly Disagree", 2 for "Disagree", 3 for "Slightly Disagree", 4 for "Neutral", 5 Slightly Agree, 6 for "Agree" and 7 for "Strongly Agree". The likelihood of total scores ranges from 5-35, in which 20 is showing a neutral point. Scores ranges from 5 to 9 represents the rater is not satisfied with his life, whereas scores ranges from 31-35 shows the tremendously satisfied rater. The coefficient alpha for the scale ranged from .79 to .89, representing high internal consistency. The scale has good test-retest correlations .84 to .80 over a month interval.

Procedure

In current research participants were approached through purposive and snow ball sampling technique. In order to accomplish the requirement of the current research, a letter of consent describing the purpose of the research along with the questionnaires was provided to the authorities of randomly selected nursing homes. After getting permission from authorities of these centers, participants were approached. Before starting the questionnaires, the researcher established rapport with the participants individually, and the objective of the research was briefly explained they were informed that they have the right to quit from the study. Confidentiality was also assured, after informed consent participants were requested to fill the demographic form. After acquiring demographic details, questionnaires were distributed among the participants to fill in. Introduction about the objective of the research was verbally given to participants. After briefing they were requested to complete Urdu translated version of Rosenberg's Self-esteem Inventory (RSES) and Urdu translated version of Satisfaction with Life Scale (SWLS). All the measures were administered individually to all the respondents. Participants were asked to read the instructions carefully and mark the responses which best describe them. Later on they were thanked for participation in the current study.

Statistical analysis

Results were analyzed to find out the statistical significance of the data through Statistical Package for Social Sciences (SPSS 23) by using linear regression analysis. Linear Regression Analysis was used to assess predictive association between variables.

Ethical Considerations

In order to make all the procedures of the study ethically conducted, the researcher followed all procedures and ethical guidelines approved by Advanced Study and Research Board (ASRB), University of Karachi. All the scales i.e. Rosenberg Self Esteem Scale, and Satisfaction with Life Scale were available online and were allowed to use for research purposes by author. Further research was conducted in a manner in which respect, dignity, right and welfare of the participants were not affected. Participants were assured about the purpose and benefits of the research and about the confidentiality of personal information taken during the study to protect their rights to conceal their identity. Further, Consent was taken from the participants describing the purpose of the study and its procedure to them. Only those participants were recruited as the sample of the study who were willing to take part in it. They were also informed that they have a right to withdraw from the study. Participants were not provided any economic incentives for their participation. Researcher focused and maintained the above-mentioned ethical considerations throughout study.

Operational Definitions

Life Satisfaction

Life satisfaction is attainment of a desired end and fulfillment of essential conditions (Wolman, 1973).

Self Esteem

The sum of person's feelings and thoughts with reference to his or her own self is referred as self-esteem (Rosenberg, 1965).

Institutionalized Elderly

Elderly people of age 60 years and above who are living in shelter homes.

Non- Institutionalized Elderly

Elderly people of age 60 years and above who are residing with family.

RESULTS

In this section, results are presented in the form of tables along with their description after the statistical analysis data. Descriptive and inferential statistical analysis was done for interpreting the data with help of statistical package for social science (SPSS-23).

Table 1 Frequency Distribution of Non-Institutionalized and Institutionalized Elderly

Groups	Non- Institutionalized Elderly (N=60)		Institutionalized Elderly (N=60)	
	F	%	F	%
Age				
60-70	48	80	44	73.33
71-80	10	16.7	15	25
81-90	02	3.3	1	1.66
SES				
Less than 14000	3	5	26	43.33
14000- 30000	15	25	22	36.67
More than 30000	42	70	12	20
Gender				
Male	33	55	29	48.33
Female	27	45	31	51.67
Marital Status				
Married	52	86.7	38	63.33
Unmarried	5	8.3	8	13.33
Widowed/Divorced	3	5	14	23.33
Qualification				
Primary	13	21.66	11	18.33
Middle	3	5	8	13.33
Matric	7	11.66	14	23.33
Intermediate	4	6.7	5	8.33
Graduation	16	26.66	16	26.67
Master	17	28.3	6	10

F=Frequency, SES=Socioeconomic Status

Table 2 The mean and SD of participants' age

	N	Minimum	Maximum	Mean	Std. Deviation
Valid N	120	60	88	66.97	7.208

Table 2 represents descriptive overview about age of participants (N= 120) with the Minimum age (60) and Maximum age (88), further Mean age among participants is 66 with 7.20 standard deviation.

Table 3 (a) Summary of Linear Regression Analysis with Self-Esteem as predictor of Satisfaction with Life in Institutionalized Elderly

Predictor	R ²	□ R ²	F	Sig.
Self-Esteem	.78	.77	417.02	.00*

*p <.01, df = 118

Table 3 (b) Coefficients for Linear Regression with Self-Esteem as predictor of Satisfaction with Life in Institutionalized Elderly

Model	B	SE B	β	t	Sig.
Constant	-1.66	1.114		-1.49	.14
Self-Esteem	.87	.04	.88	20.42	.00

Table 3 a & b shows the results of Linear Regression Analyses. The results show that self- esteem is a significant predictor of satisfaction with life in institutionalized elderly (R² = .78, F = 417.02, p <.01).

DISCUSSION

The purpose of the research was to measure the effect of institutionalization on the level of self-esteem, and life satisfaction among institutionalized and non- institutionalized elderly people. For this purpose it was hypothesized that “Self-esteem would predict satisfaction with life in institutionalized elderly”. The regression analysis of the data from current study revealed that self-esteem is a significant predictor of satisfaction with life in institutionalized elderly (R² = .78, F = 417.02, p <.01) (Table No. 3).

Self-esteem is personal’s belief opinion of oneself and is formed by individual’s relationships with others, encounters and accomplishments in life. It is a prominent factor in elderly life. A healthy self-esteem is essential for psychological wellbeing which can be accomplished by setting achievable goals and successfully attaining the goals resulting in increase in self-confidence, life satisfaction and feeling valued. Among factors that influence levels of satisfaction with life more than any other variables include self-esteem and depression (Cummings, 2002; Friedman, Heisel, & Delavan, 2005; Hong & Giannakopoulos, 1994; Kang, Shaver, Sue, Min, & Jing, 2003; Park & Han, 2002; Sparks et al., 2004). Diener (1984) suggested that self-esteem is one of the major personality factors found to be important determinants of life satisfaction. Self-esteem is also identified as a strong predictor of life satisfaction in all cultures (Campbell 1981; Diener & Diener 1995). Thus higher level of self-esteem and lower level of depression are correlated with increased level of life satisfaction among elders (Hong & Giannakopoulos, 1994; Park & Han, 2002). In a research on self-esteem and life satisfaction of the institutionalized elderly evaluated that elderly people of institutions are varied in their relations to institutionalization which further reveals that self-esteem and life satisfaction of institutionalized elderly depends on how they view their environment. Elderly who viewed that being in a shelter home is an assault to independence and personal worth they viewed themselves as useless, whereas elderly residents of nursing home who are adjusted to institutionalization does not express negative statements about their self-worth and life satisfaction (Miller & Russel 1980). Demographic analysis of the present study participants highlighted that they belongs to different regions of the city among them majority were divorced or widowed and were neglected by their families by forcing to live in shelters home and made them abandoned so they felt themselves as worthless and having no purpose in life. While interacting with elderly of nursing home, participants reported that they don’t have such independence to visit outside as per their will and they are not satisfied with their life and routine.

References

1. Adams, D. (1969). Analysis of a Life Satisfaction Index, *Journal of Gerontology*, 2A, (4),470-473.
2. Afzal, M. (1999). Study on the Situation of Elderly People in Pakistan. New York: United Nations.
3. Aishvarya, S., Maniam, T., Karuthan, C., Sidi, H., Jaafar, N. R. N, Oei, T.P.S. (2014). Psychometric properties and validation of the satisfaction with life scale in psychiatric and medical outpatients in Malaysia. *Comprehensive Psychiatry*. 55: 101–106. <http://dx.doi.org/10.1016/j.comppsy.2013.03.010>.
4. American Psychological Association (2010). Publication manual of the American Psychological Association, (6th Ed.) Washington, D.C.: American Psychological Association, ISBN 978143380561.
5. An, J. Y., An, K., & Wexler, S. (2008). Life satisfaction and perceived health status among elder Korean women focus on living: Arrangement. *Journal of transcultural nursing*, 19(2), 151-16.
6. Baird, B. M., Lucas, R. E., Donnellan, M.B. (2010). Life Satisfaction Across the Lifespan: Findings from Two Nationally Representative Panel Studies. *Soc Indic Res*. 99,183–203.
7. Banjare, P., Dwivedi, R., Pradhan, J. (2015). Factors associated with the life satisfaction amongst the rural elderly in Odisha India. *Health Qual Life Outcomes*, 13, 201.

8. Bansod, D., Paswan, B. (2006). From Home to Old Age Home: A Situational Appraisal of Elderly in Old Age Home in Maharashtra. *Help Age India Research and Development Journal*, 12 (3), 14-23.
9. Berg, A. I., Hassing, L. B., McClearn, G. E., Johansson, B. (2006). What matters for life satisfaction in the oldest-old? *Aging Ment. Health*, 10, 257-64. doi: 10.1080/13607860500409435.
10. Berg, A. I., Hoffman, L., Hassing, L. B., McClearn, G. E., Johansson, B. (2009). What Matters, and What Matters Most, for Change in Life Satisfaction in the Oldest-Old? A Study Over 6 Years among Individuals 80+. *Aging Ment Health*, 13, 191-201.
11. Beutell, N. J. (2006). Life satisfaction in relation to domain satisfaction, mental health and physical Health. Unpublished paper.
12. Bharati, K. (2009). Old Age Homes: New Face of Old Age Care in India. *Help Age India Research and Development Journal*, 15(2), 13-18
13. Bloom, K. L. (1961). Age and the Self-Concept. *American Journal of Psychiatry*, 118, 534-538.
14. Borg, C., Fagerström, C., Balducci, C., Burholt, V., et al. (2008). Life satisfaction in 6 European countries: the relationship to health, self-esteem, and social and financial resources among people (Aged 65-89) with reduced functional capacity. *Geriatr Nurs*, 29, 48-57. doi: 10.1016/j.gerinurse.2007.05.002.
15. Bunkers, S. J. (1983). A Study of the Self-esteem and Life Satisfaction of Twenty-six Institutionalized Elderly in Rural, North Central United States.
16. Campbell, A. (1976). Subjective measures of well-being. *Am Psychol*, 31, 177-223.
17. Campbell, A. (1981). *The sense of well-being in America. Recent patterns and trends* New York; McGraw-Hill.
18. Chadha, N. K. (1989). Impact of institutionalization on psychological well-being and depression among the aged. Paper presented at the UGC National Seminar on "Stress, Anxiety and Depression in Modern Life". Punjab University, Patiala, India.
19. Chadha, N. K. (1996). Life satisfaction of aged: Psychological and social network analysis. In V. Kumar (Ed.), *Aging: Indian perspective and global scenario. Proceedings of the international symposium of gerontology*, New Delhi: All Indian Institute of Medical Sciences.
20. Chipperfield, J. G., & Havens, B. (2001). Gender differences in the relationship between marital status transitions and life satisfaction in later life. *J Gerontol B Psychol Sci Soc Sci*, 56:176-186.
21. Choi, N. G., Ransom, S., & Wyllie, R. J. (2008). Depression in older nursing home residents: the influence of nursing home environmental stressors, coping, and acceptance of group and individual therapy. *Aging & Mental Health* 12, 536-547. doi: 10.1080/13607860220126781.
22. Chou, K. L., & Chi I. (2002). Financial strain and life satisfaction in Hong Kong elderly Chinese: Moderating effect of life management strategies including selection, optimization, and compensation. *Aging Ment Health*. 6:172-7. doi: 10.1080/13607860220126781.
23. Clark, G., Zaman, H. and Chaudry, A.G. (2002). *Pakistan Aging Study, Preliminary Report on Six Sites in Punjab: Testing Traditional Assumptions about Family Support*. Islamabad: Government of Pakistan, Ministry of Women Development, Social welfare, and Special Education. National Council of Social Welfare (NCSW).
24. Conner, K., Powers, E., and Bultena, G., (1979). Social Interaction and Life Satisfaction: An Empirical Assessment of Late Life Patterns, *Journal of Gerontology*, 34, 116.
25. Coopersmith, S. (1967). *The Antecedents of Self-Esteem*, San Francisco: W. H. Freeman and Company.
26. Cummins, R. A., Eckersley, R., Pallant, J., Van V, J., & Misajon, R. (2003). Developing a national index of subjective wellbeing: The Australian Unity Wellbeing Index. *Social Indicators Research*, 64, 159190.
27. Cummings, S. M. (2002). Predictors of psychological well-being among assisted-living residents. *Health and Social Work*, 27, 293-302.
28. Dandekar, K. (1993). *The Elderly in India*. New Delhi: Sage publishers.
29. Devi, L., & Roopa, K. S. (2013). Quality of life of elderly men and women in institutional and noninstitutional settings in urban Bangalore district. *Research Journal of Family, Community, and Consumer Sciences*, 1(3), 7-13. Retrieved from www.gerontologyindia.com/pdf/Vol-29-2.pdf.
30. Devi, U.L., Kiran, K.V., & Swachita, P. (2015). Satisfaction with Life in Elderly With Reference To Gender, Age and Residence. *J Humanit Soc Sci*, 20:57-59.
31. Diener, E. (1984). Subjective well-being. *Psychological bulletin*, 95, 542-575.
32. Diener, E., & Diener, M. (1995). Cross cultural correlates of life satisfaction and self-esteem. *Journal of Personality and Social Psychology*, 68(4), 653-663. doi:10.1037/0022-3514.68.4.653.
33. Diener, E., & Diener, M. (2009). Cross-cultural correlates of life satisfaction and self-esteem. In E. Diener (Ed.), *Culture and well-being* (pp. 71-91). Springer.
34. Diener, E., & Suh, E. M. (1998). Subjective well-being and age: An international analysis. In: Schaie KW, Lawton MP, editors. *Annual review of gerontology and geriatrics: Focus on emotion and adult development*, New York: Springer, vol. 17; p. 304-24.
35. Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of personality assessment*, 49, (1), 71-75. doi:10.1207/s15327752jpa4901_13.
36. Dommenwerth, G., & Petersen, L. (1992). Institutionalisation and well-being among the elderly. *Sociological Inquiry*, 62(4), 437-449.
37. Doty, P.J. (1992). The oldest old and the use of institutional long term care from an international perspective. In: Suzman R, Willis DP, Manton KG, editors. *The Oldest Old*. New York: Oxford University Press; pp. 250-9.

39. Emiroglu, V. Y., Ilik V. Y., Ilin, S. U. (1995). Ankara: Safak Publications; pp 14-28.
40. Etemadi, A., & Ahmadi, K. (2009). Psychological Disorders of Elderly Home Residents. *J Appl Sci.* 9:549–554.
41. Erikson, E. (1964). Inner and outer space: Reflections on woman-hood. *Daedulus*, 93(Spring), 582-606.
42. Erikson, E. (1968). *Identity: Youth and crisis*. New York: W. W. Norton & Company.
43. Fairfax, C.N. (2014). Social Work, Marriage, and Ethnicity: Policy and Practice. *J Human Behav Soc Environ.* 24:83-91.
44. Finocchio, L., Silva, B.R. A. (2011). velhice como marca da atualidade: uma visão psicanalítica. *Revista Vínculo*, vol.8, n.2, pp. 23-30.
45. Franak, J., Alireza, K., Malek, M. (2012). Self-esteem among the Elderly visiting the healthcare centers in Kermanshah-Iran. *Glob. J. Health Sci.* 2015;7:352-358. doi:10.5539/gjhs.v7n5p352.
46. Friedman, B., Heisel, M. J., & Delavan, R. L. (2005). Psychometric properties of the 15- item geriatric depression scale in functionally impaired, cognitively intact, community-dwelling elderly primary care patients. *Journal of the American Geriatrics Society*, 53, 1570-1576.
47. Gaymu, J., Springer, S. (2010). Living conditions and life satisfaction of older Europeans living alone: a gender and cross-country analysis. *Aging Soc.* 30:1153–75.
48. George, P.P., Heng, B.H., Wong, L.Y., Ng, C.W. (2014). Determinants of health-related quality of life among community dwelling elderly. *Ann Acad Med Singapore* 43: 3-10.
49. Gerstorf, D., Ram, N., Estabrook, R., Schupp, J., et al. (2008). Life satisfaction shows terminal decline in old age: longitudinal evidence from the German Socio- Economic Panel Study (SOEP). *Dev Psychol.*44:1148–59.
50. Gowri, G.B. (2003). Attitudes towards old age and ageing as shown by humor, *Gerontologist*, 17(2): 220-226.
51. Hamarat, E., Thompson, D., Steele, D., Matheny, K., Simons, C. (2002). Age differences in coping resources and satisfaction with life among middle-aged, young-old, and oldest-old adults. *J Gen Psychol.*163:360–7.
52. Headey, B., Kelley, J., & Wearing, A. (1993). Dimensions of mental health: Life satisfaction, positive affect, anxiety and depression. *Social Indicators Research*, 29, 63-82.
53. Herzog, A.R., Rodgers, W.L. (1981). Age and satisfaction: Data from several large surveys. *Res Aging.* 3:142–65.
54. Hong, S. M., & Giannakopoulos, E. (1994). The relationship of satisfaction with life to personality characteristics. *The Journal of Psychology*,128(5), 547-558.
55. Honkanen, K. H., Honkanen R, Viinamaki H, et al. (2001). Life satisfaction and suicide: A 20-year follow-up study. *Am. J. Psychiatry.* 158:433–439.
56. Hsieh, C.M. (2003). Counting importance: The case of life satisfaction and relative domain importance. *Soc Indic Res.* 61:227–40.
57. Hsu, H.C. (2012). Trajectories of life satisfaction and covariates among the older adults in Taiwan. *Arch Gerontol Geriatr.* 55:210–6.
58. Hegde, V.N., Srinivas, K., Rao, S., Pai, N., Mudgal, S.M. (2012). A study of psychiatric and physical morbidity among residents of old age home. *Int J Health Sci Res.* 2:57–74.
59. Hess, A.L. and Bradshaw, H.L. (1970). Positiveness of Self-Concept and Ideal Self as a Function of Age. *Journal of Genetic Psychology* 117: 57–67.
60. Hjaltadottir, I., & Gustafsdottir, G. (2007). Quality of life in nursing homes: Perception of physically frail elderly residents. *Scandinavian Journal of Caring Science*, 21, 48– 55.
61. Howe, M. C., (1973). A Comparison of the Self-Esteem, Body Image and Movement- Concept of Adults in Different Age Groups. *Dissertation Abstracts International*, 34: 2258 -2259.
62. Itrat, A., Taqai, A. M., Qazi, F., & Qidwai, W. (2007). Family systems: perceptions of elderly patients and their attendants presenting at a university hospital in Karachi, Pakistan. *Journal of Pakistan Medical Association*, 57(2), 106–109.
63. Kang, S., Shaver, P. R., Sue, S., Min, K., & Jing, H. (2003). Culture specific patterns in the prediction of life satisfaction: Roles of emotion, relationship quality, and self- esteem. *Personality and Social Psychology Bulletin*, 29, 1596-1608.
64. Kogan, N. and Wallach, M. A. (1961). Age Changes in Values and Attitudes. *Journal of Gerontology*, 16: 272-280.
65. Komulainen, K., Ylöstalo, P., Syrjälä, A.M., Ruoppi, P., Knuuttila, M., et al. (2014). Determinants for preventive oral health care need among community- dwelling older people: a population-based study. *Spec Care Dentist* 34: 19-26.
66. Koohbanani, S. E., Dastjerdi, R., Vahidi, T., Far, M. H. G. (2013). The relationship between spiritual intelligence and emotional intelligence with life satisfaction among birjand gifted female high school students. *Procedia-Social and Behavioral Sciences.* 84:314–320. <http://dx.doi.org/10.1016/j.sbspro.2013.06.558>
67. Kosar, N., Sosyal, Hizmetlerde, Yasli, Refah, Alani. (1996). Ankara: Safak Publications; pp 4.
68. Kumar, P., Das, A., Rautela, U. (2012). Mental and physical morbidity in old age homes of Lucknow, India. *Delhi Psychiatry J.* 15:111–7.
69. Kunzmann, U., Little, T. D., Smith, J. (2000). Is age-related stability of subjective well- being a paradox? Cross-sectional and longitudinal evidence from the Berlin Aging Study. *Psychol Aging.*15:511–26.
70. Lee, D. (1997). Chinese elderly people's perceptions of nursing homes in Hong Kong. *Journal of Clinical Nursing*, 6(4), 333–334.
71. Li, C., Chi, I., Zhang, X., Cheng, Z., Zhang, L., Chen, G. (2015). Urban and rural factors associated with life satisfaction among older Chinese adults. *Aging Ment Health* 19: 947-954.
72. Li, Y., Aranda, M. P., Chi, I. (2007). Health and life satisfaction of ethnic minority older adults in mainland China: Effects of financial strain. *Int. J. Aging Hum. Dev.*64:361–79.
73. Lim, H. J., Min, D. K., Thorpe, L., Lee, C. H. (2016). Multidimensional construct of life satisfaction in the elderly in Korea: A six-year follow-up study. *BMC Geriatr.* 16:197.

74. Makay, J., and Glaw, B. (1975). *Personal and Inter personal Communication: Dialogue with the Self and with Others*. Columbus: Charles E. Merrill Company.
75. Makizako, H., Shimada, H., Doi, T., Yoshida, D., Tsutsumimoto K., et al. (2014). The combined status of physical performance and depressive symptoms is strongly associated with a history of falling in community-dwelling elderly: cross-sectional findings from the Obu Study of Health Promotion for the Elderly (OSHPE). *Arch GerontolGeriatr* 58: 327-331.
76. Mason, Evelyn, P. (1954). Some Correlates of Self-Judgments of the Aged; *Journal of Gerontology* 9: 324-337.
77. McMullin, J. A., & Cairney, J. (2004). Self-esteem and the intersection of age, class, and gender. *J. Aging Studies* 18, 75–90. doi: 10.1016/j.jaging.2003.09.006
78. Medley, M. (1980). Life satisfaction across four stages of life. *International Journal of Aging and Human Development*, 11, 193-209.
79. Medley, M. L. (1976). Satisfaction with life among persons sixty-five years and older. A causal model. *Journal of Gerontology*, 31, 448–455. doi:10.1093/geronj/31.4.448
80. Mello, E., Teixeira, M. B. (2011). Depressão em Idosos. *Revista Saúde (UnG)* 5:42–53.
81. Miller, S. P., & Russell, D. (1980). Elements Promoting Satisfaction as Identified by Residents in the Nursing Home, *Journal of Gerontology*, 31, No. 3, 121-129.
82. Mishra, Jayanta, A. (2008). A Study of the Family Linkage of the Old Age Home Residents in Orissa. *Indian Journal of Gerontology*; 22 (2): 196-212.
83. Moksnes, U., & Espnes, G. (2013). Self-esteem and life satisfaction in adolescents-gender and age as potential moderators. *Quality of Life Research*, 22(10), 2921–2928.
84. Mroczek, D. K., Spiro, A. (2005). Change in life satisfaction during adulthood: findings from the veterans affairs normative aging study. *J Pers Soc Psychol*. 88:189–202.
85. Munley, H. P. (1975). Erik Erikson's theory of psychosocial development and vocational behavior. *Journal of Counseling Psychology*, 22(4), 314-319. doi:10.1037/h0076 749.
86. NavabiNejad, Sh. (2008). Gender and self-esteem. *Journal of Research and Women's Studies*, 2(3), 4-13.
87. North, R. J., Holahan, C. J., Moos, R. H. (2008). Cronkite RC: Family support, family income, and happiness: a 10-year perspective. *J Fam Psychol* 22:475-483.
88. Orth, U., Robins, R. W., Trzesniewski, K. H., Maes, J., Schmitt, M. (2009). Low self-esteem is a risk factor for depressive symptoms from young adulthood to old age. *J Abnorm Psychol* 118: 472-478.
89. Orth, U., Trzesniewski, K. H., & Robins, R. W. (2010). Self-esteem development from g adulthood to old age: A cohort-sequential longitudinal study. *J Pers Soc Psychol*, 98(4), 645-58. <http://dx.doi.org/10.1037/a0018769>.
90. Ozer, M. (2004). A study on the life satisfaction of elderly individuals living in family environment and nursing homes. *Turkish J Geriatric* 7: 33-6.
91. Park, K. W., & Han, H., K. (2002). Predictors of life satisfaction for the elderly persons who reside in the rural area in Korean. *Korean Journal of Research in Gerontology*, 11, 43-61.
92. Patricia, S. M., & Russell, D. (1980). Elements Promoting Satisfaction as Identified by Residents in the Nursing Home, *Journal of Gerontological Nursing*, 121.
93. Pinquart, M., Sorensen, S. (2001). Influence of socioeconomic status, social support, and competence on subjective well-being in later life: a meta-analysis. *Psychol Aging*. 15:187–224.
94. Robins, R. W., Trzesniewski, K. H., Tracy, J. L., Gosling, S. D., & Potter, J. (2002). Global self-esteem across the life span. *Psychol. Aging* 17, 423–434. doi: 10.1037//0882- 7974.17.3.423
95. Rocke, C., Lachman, M. E. (2008). Perceived trajectories of life satisfaction across past, present, and future: profiles and correlates of subjective change in young middle- aged, and older adults. *Psycho Aging*. 23:833–47.
96. Rogers, C. (1959). *Personality development*. Retrieved on July 1, 2009 from <http://www.simplypsychology.pwp.blueyonder.co.uk/carlrogers.html>,
97. Rosenberg, Morris, (1965). *Society and the Adolescent Self-Image*, Princeton; Princeton University Press.
98. Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton University Press. Sowislo, J. F., & Orth, U. (2013). Does low self-esteem predict depression and anxiety? A metaanalysis of longitudinal studies. *Psychological Bulletin*, 139(1), 213–240.
99. Ryan, R. M., & Deci, E. L. (2001). On human happiness and potential: a review of research on Hedonic and Eudaimonic well-being. *Annual Review of Psychology*, 52, 141- 166.
100. Sabzwari, S. R., & Azhar, G. (2011). Ageing in Pakistan: A new challenge. *Ageing International*, 36(4), 423-427.
101. Samhsa, Copeland, M. E. (2004). Introduction to self-esteem. Retrieved from: http://www.mentalhelp.net/poc/view_doc.php?type=doc&id=4779&cn=96.
102. Sardar, S. (1998). Study of relationship among childhood paternal loss, sex role orientation, self-esteem and locus of control in male and female students. Unpublished PhD Dissertation. University of Karachi, Pakistan.
103. Schoklitsch, A., & Baumann, U. (2011). Generativity and aging: A promising future research topic? *Journal of Aging Studies*, 26, 262-272.
104. Schwirian, P. (1982). Life Satisfaction Among Nursing Home Residents, *Geriatric Nursing*, 113.
105. Sivertsen, H., Bjørkløf, G. H, Engedal, K., Selbæk, G., Helvik, A. S. (2015). Depression and Quality of Life in Older Persons: A Review. *Dement Geriatr Cogn Disord*. 40:311–39.
106. Sparks, M., Zehr, D., & Painter, B. (2004). Predictors of life satisfaction: Perceptions of older community-dwelling adults. *Journal of Gerontological Nursing*, 38(8), 47- 53.
107. Stone, A. Schwartz, J. E., Broderick, J. E., Deaton, A. (2010). A snapshot of the age distribution of psychological well-

- being in the United States. *Proc Natl Acad Sci U S A*. 107:9985–90.
108. Subasi, F., & Hayran, O. (2005). Evaluation of life satisfaction index of the elderly people living in nursing homes. *Archives of Gerontology & Geriatrics*, 41, 23–29.
 109. Taft, L. B. (1985). Self-esteem in later life: a nursing perspective. *ANS Adv Nurs Sci* 8: 77- 84.
 110. Twenge, J. M., Campbell, W. K. (2002) Self-esteem and socioeconomic status: A meta-analytic review. *Personality and SocPsycholRev*6:59-71.
 111. Wagner, J., Gerstorf, D., Hoppmann, C., & Luszcz, M. A. (2013). The nature and correlates of self-esteem trajectories in late life. *J. Person. Social Psychol.* 105:139. doi: 10.1037/e571452013-032.
 112. Walker, R. B., Luszcz, M. A. (2009). The health and relationship dynamics of late-life couples: A systematic review of the literature. *Aging Soc.* 29:455–80.
 113. Wolman, B.B. (1973). *Dictionary of Behavioural Science*, Van Nostrand Reinhold.
 114. Yamaoka, K. (2008). Social capital and health and well-being in East Asia: a population-based study. *Soc Sci Med* 66:885-899.
 115. Zhang, W., Liu, G. (2007). Childlessness, psychological well-being, and life satisfaction among the elderly in China. *J Cross Cult Gerontol.* 22:185–203.