

ATTITUDE AND PERSONALITY OF THE CARE TAKERS OF THE AGED

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ABSTRACT

Present study investigated the Attitude and Personality of the care takers of the aged. Two groups of care-takers; sixty freshers and sixty having experience with the care of the aged were compared in terms of their attitude towards the aged and certain personality variables. The results showed that the two groups did not differ in their attitude towards the aged and also in the personality variables like Anxiety, Mania, Inferiority, Paranoia and General Maladjustment. However, significant difference was seen in the variable Depression.

INTRODUCTION

Old age, is now being recognized as a social problem. Old age brings on ill-health, physical and sensory impairments, heightened sensitivity and increased susceptibility to diseases. (Birren & Renner 1977; Jamuna & Ramamurti, 1990). Sensory and bodily impairment bring about varying amounts of disability too. They interfere with the day to day activities and self-help behaviour of the elderly in differing degree, making the elderly dependent on others.

It is a part of our cultural tradition that the offsprings care for the elderly. It is the general practice in Kerala that the elderly parents stay with married sons and the chief care givers in principle are the daughter-in-laws.

Of late, with increasing urbanization, migration, and breaking down of the family system, caring of the aged by children is becoming increasingly difficult. This is especially true

of Kerala state. Among Indian states, Kerala has got more people working out of the state and out of the country.

Joint family system is also slowly disintegrating in Kerala. Still, elderly people in Kerala prefer to stay back in their ancestral homes rather than migrate to other cities along with their children. Under such circumstances children are forced to entrust the care of the aged with professional caregivers. This trend to leave the care of elderly parents with care givers is rather new in Kerala. Problems and issues stemming out from professional care giving are only but natural. The way the elderly are treated will be influenced by what we think and feel about them. The care and treatment of elderly is mediated by attitudes of people working with older people. It has been shown in several studies that stereotyped attitude towards aged result in negative behaviour by those who care for them. (Davis 1962; Schwartz, 1975)

The nature of care giving depends not only on the attitudes of the care givers but also on their personality. It is also assumed that the experience in the care of the aged tends to make changes in the attitudes and psychological conditions of the care-givers.

The present study was therefore undertaken with the objective to study the attitude and personality of the care givers of elderly in Kerala. Two groups of care givers have been studied. Care givers with experience in the care of the aged and Care givers without any experience. The former group were freshers and the latter group had atleast two years of

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caregiving experience with the disabled elderly.

HYPOTHESIS

1. There will be significant difference between the care givers with experience and care givers without experience in their attitude towards the aged.

2. There will be significant difference between care givers with experience and care givers without experience in the selected personality variables.

MATERIALS AND METHOD

sample

The sample was selected from the Red Cross Home Nurses Group trained by Indian Red Cross Society, Kerala, India. The sample size consisted of 120 Home Nurses who were trained in the care of the disable of elderly. Among these 120 subjects, Sixty were trained but without any experience with the aged (Group A) and the other sixty were trained with atleast two Years of experience with the aged (Group B). Sample was selected using Random sampling technique. Subjects were all females and the mean age of the subjects was 22.5 Years.

Tools

The tools used for the study were:-

1. Scale for Measuring Attitude towards the Aged. (Joseph, 1988)

2. The Mathew Maladjustment Inventory. (Mathew, 1975)

1. Scale for Measuring Attitude Towards the Aged .

The Scale has 20 items, each with five possible responses: Strongly agree, doubtful, disagree and strongly disagree. The scoring of the test items was done based on a five-point format. Test-retest Reliability of the scale is reported to be 0.89. The scale has commendable content and face validity.

2. The Mathew Maladjustment Inventory (MMI)

The Inventory measures five major aspects of maladjustments and also gives an index of general maladjustment. The test is applicable to anybody above the age of 15. The five aspects measured by the inventory are Anxiety, Depression, Mania, Inferiority, Paranoia and Total Maladjustment. Split-half reliability of the inventory is 0.88 for males and 0.93 for females. The content validity of the test correlates 0.68 with Neuroticism Scale of the Malayalam adaptation of the EPI.

RESULTS AND DISCUSSION

Major aim of the study was to find out whether the two groups differed significantly on their attitude towards the aged and on the selected personality variables. 't' test was applied to find the significance of difference between the means of the two groups in Attitudes

Table :1 Attitude towards the Aged - comparison of Groups. Means, Standard Deviations and t - Value.

Group	N	Mean	S.D.	t.
Caretakers with no experience	60	72.6	8.5	0.33
Caretakers with experience	60	73.1	7.9	

and Personality variables.

Results of the 't' test when the two groups were compared in the Attitude towards the Aged is presented in Table I.

The mean scores shown in table. I. shows that the mean scores received by both groups are 72.6 and 73.1 which is above the neutral point fixed for the scale. This indicates that both groups studied have a favorable attitude towards the disabled elderly.

The 't' value obtained shows that there is no significant difference between the two groups in their attitude towards the aged. This may be due to several reasons. The specialized training, motivation and the cultural back ground must have helped the care givers to maintain a positive as well as a favourable attitude towards the aged unlike the care giving professionals of the west.

Moreover, to respect the elderly is a part of Indian culture and a way of living. The sacred scripture of India are embedded with

instances and directions advising people to respect the elders. A favourable attitude towards the elderly is inscribed in the Indian psyche. In addition, the customs, traditions and other practices also play a significant role in developing a favorable attitude towards the aged. In India, there is a strong cultural and sentimental base that binds the elderly and the young. (Jamuna & Ramesh, 1991). Present study proves that in Kerala, the older generation is still being treated with regard and respect. The cultural conditioning in Kerala is conducive to develop a favourable attitude towards the elderly. Besides, care of the elderly is considered as "Punya" (noble act) by Indians.

In order to test the tenability of the second hypothesis that there would be significant difference between the two groups in the selected five-Personality measures namely Anxiety, Depression, Mania, Inferiority, Paranoia and Maladjustment, the scores were analysed using 't' test. The results obtained are presented in table 2.

**Table: 2 Personality variables of the care givers-comparison of Groups.
Means, Standard Deviation and t-values (N = 60).**

S.N	Variables	Groups S		Group B		t - values
		Mean	S.Ds.	Mean	S.Ds.	
1.	Anxiety	62.2	23.8	61.3	23.6	0.21
2.	Depression	45.7	25.4	67.5	19.7	5.21*
3.	Mania	53.6	28.8	51.1	25.5	0.49
4.	Inferiority	52.4	30.2	51.2	29.2	0.09
5.	Maldjustment	48.8	31.8	54.9	26.4	1.13

*P < 0.01

The results presented in table 2 shows that there is no significant difference between the inexperienced and experienced caregivers in five of the six variables studied. The only variable in which the two groups differed significantly is depression. The difference between the two groups in depression is significant at 0.01 level.

It can be inferred from the mean scores that depression is high in the caregivers who had experience with the disabled elderly. This finding supports all the major studies on care giving burden conducted by investigators like Robinson(1989) Gmeiner (1987) and Kua (1989). The cause of depression found in the caregivers with experiences may be due to several factors like personality traits and coping styles of both the patient and caregivers, their relationships and social support systems. It is found that the majority of the aged are much more depressed than the young generation (Bromley, 1966; Anantharaman, 1979; Kumar, 1989).

Naturally, the depression of the aged slowly radiate to the caretakers who turn out to be their full-time companions. The learned helplessness theory proposed by seligman (1975) can also explain the high degree depression found in the caregivers with experience.

The findings of the study that there is no significant difference between experienced and inexperienced caregivers in personality variables like Anxiety, Mania, Paranoia Inferiority, and Maladjustment shows that working with disabled elderly does not make any personality changes in individuals. It has also been found that fresh care givers and experienced care givers do not differ in their attitude towards the aged. Both the groups having a favourable attitude towards the aged must be the reason for not having any significant difference between the two groups in personality variables also.

CONCLUSIONS

The following conclusions are drawn from the study:

1. Care givers with experience in the care of the aged and care givers without experience do not differ in their attitude towards the aged.
2. Both the groups have a favourable attitude towards the aged.
3. The two groups do not differ in personality variables like Anxiety, Mania, Paranoia Inferiority and Maladjustment.
4. The experienced group of care givers are more depressed than the fresh care givers.

IMPLICATION OF THE STUDY

The care giving of the elderly in Kerala does not pose major problems now. But the finding that working with the disabled elderly breeds depression in the care givers must be viewed with concern. It may be suggested that assertive skill training and adequate coping strategies may be imparted to the care giving trainees through their training programmes. Steps also may be taken to extent timely intervention that would help to reduce subjective stress and depressions among the care-givers.

The training curriculum may also include topics that upheld values which would promote as well as maintain both positive and favourable attitudes towards the elderly.

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