

A Comparative Study on Self-Efficacy and Anxiety Levels Among Elderly Population Living in Old Age Homes and Families

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Abstract— The study focuses on the differences in self-efficacy and anxiety in older people living in old age homes and in elderly people living with their families in India. Aging is accompanied by biological, psychological and social changes that have a great impact on the state of psychological well-being, therefore residence is also a major determinant of living. Using the Self-Efficacy Theory of Bandura and Cognitive Theory of Anxiety of Beck, the participants negotiating the study were 100 subjects aged 60 years and above as tested with General Self-Efficacy Scale and Beck Anxiety Inventory. Results showed that older adults who were residing with their families had much greater self-efficacy and reduced anxiety than those who were staying in old age homes. There was also a weak yet significant negative association between self-efficacy and anxiety. These findings underscore the well-defending effect of family support on fostering psychological resilience. The research highlights the necessity of enhancing community care systems, and emotional environments in old age homes to enhance healthy aging in India. **Keywords:** self-efficacy, anxiety, mental health of the elderly, institutional care, living arrangements.

Introduction, Contemporary Relevance & Theoretical

Background There is a demographic shift in India whereby the number of the aged is growing fast. Conventionally, in India, old age has been incorporated into the joint familial structure, which lays emphasis on interdependence, caregiving and emotional attachment. Nevertheless, urbanization, migration to seek jobs, family life changes and long life expectancy have altered the picture of what is expected of the elderly, leading to an increase in the number of elderly homes. This change contributes to the necessity to examine how psychological well-being is predetermined by the various living arrangements.

The self-efficacy that forms the basis of the social cognitive theory by Albert Bandura, describes a belief in having the capacity to cope with life challenges and achieve tasks. A high self-efficacy is linked to improved emotional

regulation, coping, resilience and optimistic health outputs. Anxiety, on the other hand, is a common issue with the aging populations and it is usually occasioned by initiation of health decline, loneliness, loss of independence and concerns about dependence. The cognitive theory of Aron T Beck assumes that anxiety is caused by inefficient interpretations, cognitive errors, and perceived threats.

According to Indian studies, coresidential living increases levels of emotional security, social and role continuity, resulting in improved psychological measures. On the other hand, an elderly person living in old age homes can have physical support but lack autonomy, familiarity and emotional support. Studies found that institutionalized elderly feel more anxious and less motivated, although a few find structured daily routines as an advantage factor.

With the dynamic changes in elder care and cultural demands in India, it is important to determine how living arrangements influence self-efficacy and anxiety. This paper will merge both theoretical models and quantitative information to assess such psychological outcomes and help advance culturally-sensitive work with the elderly.

Review of Literature

The concept of self-efficacy has been largely recognized as an important indicator of psychological wellness among the elderly. Bandura (1997) termed self-efficacy as a key to motivation, emotional adaptability, and resilience. Increased self-efficacy leads to improved health behaviors, less stress, and independence. Research conducted by Pinquart and Sorensen (2000) discovered that social support is vital in developing the perceived competence and the level of emotional distress experienced by elderly people.

Indian studies have pointed out that frail elderly people who are in a family set-up feel a stronger emotional network, take part in family making choices, and maintain identity. Kim and Lee (2014) also established a positive relationship, raising their co-residing elders to be more satisfied in their lives with resilience in self-efficacy over those in an

institutional setting. Institutionalized elderly were noted to have decreased confidence and a lack of self-control because of the dependent living design (Hemavathi and Sawroopa 2012).

Psychosocial conditions also have a similar effect on anxiety. The Cognitive Theory of Beck (1967) states that anxiety is a result of harmful thought patterns and hyperinflated beliefs of threat. Anxiety is also seen in biological theories to be caused by imbalances of neurotransmitters, especially serotonin and GABA (Nutt & Malizia, 2001). Research (Suresh et al., 2021; Chaudhari et al., 2022) in India has shown that anxiety levels among the residents of old age homes are higher because of such factors as loneliness, stress related to relocation, unfamiliarity, and emotional deprivation.

Living arrangements are an important contributor to elderly mental health, as identified by comparative research. The family living systems become the source of nurturing the emotional, independence and belongingness whilst the old age homes may limit decision making and may lead to feelings of rejection. Yet others among the elders receive medical care and routine in institutional care, which can alleviate anxiety, under particular circumstances.

Although there is literature, there is a paucity of research in India that has explored the dynamic effect of self-efficacy on anxiety at the same time in relation to various contexts of living. Additionally, not many of them combine the social-cognitive and the cognitive-behavioral perspectives. This paper fills this gap as it includes a concise comparative study based on theoretical and empirical frameworks.

Research Gap, Questions & Objectives

Even though there has been previous research on elderly mental health, there has been little Indian research on how living arrangements have had a joint impact on self-efficacy and anxiety. Sharing the same frameworks of Bandura and Beck to explain such results, very few studies can do it at the same time.

Research Questions:

1. Are there any differences in the self-efficacy and anxiety of elderly people living in families or in old age homes?
2. What is the relationship between self-efficacy and anxiety among older adults? Objectives:
3. To make comparisons of self-efficacy and anxiety in relation to living arrangements.
4. To test the relationship between the two variables.

Therefore via this research, an effort has been made to conduct a comparative study on self-efficacy and anxiety levels between old age home residents and elderly population living within the families. The study emphasizes the crucial role of living arrangements in shaping the psychological well-being of elderly population, particularly highlighting how living with family can enhance self-efficacy and reduce anxiety. These findings call for policy shifts that support family-based elder care, the development of targeted psychological interventions in institutional settings, and a

transformation in care giving models to prioritize emotional and social needs alongside physical care.

Method

The study was taken into an account to better understand the Self-efficacy and Anxiety levels between elderly population living in old age homes and those living within the families. Therefore, as per the demand of this study the data was collected. The succeeding pages provide important information about sample, the tools used in this study, the method employed and the procedure undertaken in the study.

SAMPLE

In the present study, elderly population from old age homes and those who are living within the families served as subjects. The tests were administered on a sample of 100 old age people belonging to the age group of 60 above. The old age home selected is:

Prabh Asra – Unified family

The choice of the sample was based on the convenience of availability of the subject and co-operation extended by the authorities as well as the elders. The subjects who were not enthusiastic about the participation were therefore not selected. Thus incidental sampling is employed in this study.

PSYCHOLOGICAL TESTS

The various tests employed in this study are:

- 1). General Self-efficacy Scale (GSE) – Jerusalem and Schwarzer (1995)
- 2). Beck Anxiety Inventory (BAI) – Aaron T. Beck (1998)

General Self-efficacy Scale (GSE) (Jerusalem and Schwarzer, 1995)

This psychometric scale is a 10-item scale which measures the beliefs individuals hold about themselves. It is one of the most popular scales that assess the capacity of an people when negative events occur in their lives. It clearly throws light on those aspects of an individual which helps in bringing successful thought pattern and positive belief system in the times of stress. The answers are scaled from 1 to 4. High scores signify that an individual is strong enough to have a positive belief in their actions at the times of stress. This test has a higher internal consistency which measures from 0.75 to 0.94. The

test-retest reliability over a span of several weeks has also been found to be satisfactory, ranging from 0.67 to 0.73, showing acceptable temporal stability. This test is available in a number of different languages as well making it an easily accessible scale to be used. General Self-efficacy scale has been

successfully used by Scholz and Dona (2002). Sud (2002) has successfully used this scale on the Indian sample.

Beck Anxiety Inventory (BAI) Aaron T. Beck (1998)

This psychometric scale is a 21-item self-report inventory

that calculates the severity of anxiety individuals. It is one of the most widely used tools to assess clinical and non-clinical symptoms of anxiety. It clearly throws light on the physiological and cognitive aspects of anxiety, which help in understanding the intensity of anxiety-related symptoms an individual experiences. The answers are scaled from 0 to 3. High scores signify that an individual is experiencing a higher level of anxiety symptoms. This test has a high internal consistency, with Cronbach's alpha ranging from 0.85 to 0.94, indicating strong reliability. The test-retest reliability over a one-week period has been reported as 0.75, showing good temporal stability. This test is also available in different languages, making it a convenient and accessible tool across diverse populations.

Beck Anxiety Inventory has been successfully used by Steer and Clark (1997). It has also been validated and used on Indian sample by Sagar and Chawla (2007).

ADMINISTRATION OF THE TESTS

The tests were administered in two phases. Each phase had a time period of almost one hour or more which was sufficient for the subjects to answer the questions at leisure and to finish their task. The second phase was administered the next day so that the subjects could maintain continuity as well as clarity in answering the questionnaires. The testing was done in the garden of Old age home and under constant supervision. The administration was done in groups and group size ranged from 15-30 subjects.

The instructions were provided to the subjects as based on the manuals. Their questions and doubts were cleared from time to time. A good rapport was maintained throughout the administration.

Confidentiality of their results was promised so that authentic and reliable results could be obtained.

STATISTICAL ANALYSIS OF DATA

Frequency distributions for the tested variables namely Anxiety, Self-efficacy were set up. This study includes the calculation of mean, standard deviation. The significance of difference between means of different variables was checked by the chi square test. The significance of difference between means of different variables were checked by the t- test. The pearson correlation was computed for the obtained scores.

1)The t-test, invented by William Sealy Gosset in 1908 under the pseudonym "Student," is a statistical method used to compare the means of two groups. It is reliable when data meet its suppositions, such as normality and equal variances, particularly for small sample sizes. Its consistency is maintained across

repeated applications when these assumptions hold true. The validity of the t-test depends on the data satisfying conditions like normal distribution and independence of observations; when these conditions are met, the t-test provides accurate and valid results.

2) The Pearson correlation coefficient, introduced by Karl Pearson in 1896, measures the strength and direction of the linear relationship in two continuous variables. It is reliable when the data are approximately normally issued and present a linear relationship. The consistency of the Pearson correlation coefficient is maintained across repeated samples that meet these assumptions. Its validity depends on several key conditions: the data must be continuous, normally distributed, and the relationship between the variables should be direct. If these assumptions are satisfied, the Pearson correlation provides an accurate measure of the linear association between variables.

Results

Descriptive Statistics

Group N Mean SD

Old Age Home 50 22.58 6.649

Living with Families 50 28.90 7.385

Note.N=number of participants; M=mean; SD=Standard Deviation This table shows that people who are living within the families had higher Self-efficacy scores on average mean of (28.90) with standard deviation of (7.385) as compared to the old aged people who were residing in old age home with average mean score of (22.58) and standard deviation of(6.649). Living within the family in old age can enhance emotional care and a sense of belonging. This environment often contributes to increased self-efficacy. Social cognitive theory shows that elderly individuals living with family members tend to report higher levels of self-efficacy compared to those residing in institutional settings like old-age homes. Self-efficacy is heavily influenced by social support and personal interactions, both of which are more readily available in a family setting.

Research by Pinqart & Sørensen, 2000 showed that family environments often foster emotional bonding, purpose, and intergenerational exchanges, which contribute positively to an elder's sense of competence and self-worth which results in higher Self-efficacy.

Pearson Product moment Correlations Between Self-Efficacy and Anxiety

Variables r p-value Strength

Self-Efficacy & Anxiety Levels -0.214 0.032

Weak Negative **Note.**r=Pearson correlation coefficient;p=Significance level

Pearson Correlation between General Self-efficacy and Beck Anxiety Inventory scores = -0.214

This is a negative correlation, meaning that as Self-efficacy increases, Anxiety tends to decrease, and vice versa.

Significance (2tailed) = 0.032

Since $p < 0.05$, this correlation is statistically significant at the 5 % level.

A study by Rahman (2019) highlighted that older adults in old-age homes were more likely to experience feelings of loneliness, experience stress about their family members helplessness, and social isolation, these all negatively correlate with self-efficacy. Also, lack of emotional support and reduced engagement in household tasks were cited as key causes for the decline in self-efficacy among institutionalized elders.

Older adults living in old age homes are noticed having higher anxiety levels due to feelings of abandonment, unfamiliar surroundings, and decreased social and emotional support. These factors can contribute to emotional distress and a sense of insecurity in them.

Suresh et al. (2021), study in Chittoor district, Andhra Pradesh, involving 200 elderly individuals aged 60–70 years, found that anxiety levels were significantly higher among those residing in institutional settings. This study indicates that institutional living may be prone to higher anxiety symptoms in certain demographic groups.

Sare et al. (2021) conducted a study in Zadar County, Croatia, compared elderly individuals living in nursing homes to those residing in their own homes. The study claims that elderly individuals residing in nursing homes may more experience to Anxiety levels because of the culturally settings of that institutions, which leads to increase the feelings of loneliness in older adults.

Interpretation of Results

Findings indicate that the elderly people with families had higher self-efficacy compared to those in old age homes, which is in line with studies highlighting the bulwark role of emotional support and role continuity. Institutionalized elders had much more anxiety than those who lived in their own homes and this implies the vulnerability of these individuals due to unusual surroundings, loss of autonomy, and perceived rejection. The low, but not insignificant, negative relationship is an indication that self-efficacy acts to buffer the effects of anxiety, although other variables are probably at play. The findings resonate with both theoretical views presented by Bandura and Beck and underscore the importance of culturally sensitive interventions to elder care in India.

Conclusion

This research comes to the conclusion that the dwelling

structure has a great impact on the psychological health of elderly people in India. Stronger self-efficacy, which was related to high confidence, autonomy, and emotional security, was reported by the elderly living with families. Supporting these results is essential with the help of Indian cultural values, which highlight the importance of interdependence, caring, and family unity. These results favor the Banduras theory by indicating that social reinforced and meaningful engagements should be used to boost individual competency beliefs.

On the other hand, the levels of anxiety and self-efficacy among the occupants of the old age homes were found to be higher, which aligns with previous research that indicates that institutionalized elders usually experience emotional deprivation, less control over making decisions, and loneliness. The cognitive model by Beck describes the effect of anxiety that is caused by the unfamiliar environment and a perception of being out of control. The low negative correlation further shows that despite the relationship between the two variables, self-efficacy and anxiety are determined by various factors, among them being health, social networks, and environmental conditions.

The research highlights the need to enhance institutional settings of care by adding factors that facilitate autonomy, emotional attachment, and socialization. The focus placed on holistic elder care by policymakers, caregivers, and NGOs should be the priority towards the recognition of cultural expectations and encouraging healthy aging. The results have a significant contribution to the sphere of gerontological psychology as they illustrate the role of socio-cultural contexts in determining mental health outcomes in late adulthood.

Implications for Social Policy and Action

The implications of the findings for effective elder care policy are significant in the design of effective policies to solve the aged problems in India. First, family-based systems of caregiving (including financial incentives, training of caregivers, and community-support networks) need to be strengthened. Training families to take care of elderly persons can produce major improvements in the quality of life and decrease institutional addiction.

Second, old age homes should be converted into emotionally uplifting facilities. Autonomy and self-worth can be enhanced by incorporating decision-making led by residents, social engagement programs, counseling and therapeutic activities. Emphasis on staff training about empathetic communication and culturally sensitive care is important.

Third, the community-based programs like senior day-care centers, intergenerational and geriatric outreach programs should be increased to enhance social engagement and emotional health. Healthcare policies to carry out routine psychological screening to detect anxiety and low self-efficacy at an early stage should be enforced.

Lastly, the wider social policy should bring recognition to the

dynamics in Indian families by establishing adaptive support frameworks in support of both institutionalized and home based elders. In general, the research findings suggest a comprehensive, culturally based, and socially encompassing elderly care paradigm.

Unique Contribution to Existing Literature

This research is the first of its kind to combine both Bandura and Beck theories to understand the relationship between the Indian living arrangements and self-efficacy and anxiety. The study, which juxtaposes both family and institutional contexts, brings into light culturally-inflicted psychological consequences usually disregarded in the Western text. It adds the empirical evidence that focuses on the emotional benefits of family care and the psychological weaknesses linked with institutionalization. The research also gives us some practical information that can be used in the design of culturally sensitive elderly care interventions and policies.

Scope for Future Research

A bigger and more inclusive sample is needed in future research in rural, urban, and semi-urban areas to expand the scope of generalizability. Longitudinal designs can be used to assist in identifying causal relationships between living arrangements, self-efficacy, and anxiety. Mixed-method research designs that use interviews and other qualitative narratives might provide a more in-depth understanding of personal experiences. Other variables like physical health, socioeconomic status, social networks and cultural attitudes towards aging ought to be investigated as well. Comparative analyses of various kinds of institutions such as the private home and those under government management, might show significant context differences.

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