

A Comparative Study on the Level of Depression between Older Women Living in Retirement Homes in the City of Tirana and Those Living with Their Families in Tirana As Well

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Abstract

This paper/study examines the level of depression that exists between older women who live in different retirement homes in the city of Tirana in Albania and those who live with their families in Tirana as well. The methodology used for the compilation of this paper/study is predominantly quantitative, based on a sample of 100 older women. The 40 per cent of the sample lives in different retirement homes across the city of Tirana, while the other 60 per cent live with their families. Intentionally, and for the purposes of the study, it was chosen a smaller percentage of women living in retirement homes compared to those living with their families. The age of the sample ranges from 60 to 80 years old. Beck's Depression Inventory (BDI-II) which is considered of having high reliability, cronbach's α (alpha) with a value.938, has been used for the data collection. The anonymity of the sample was taken into consideration during the application of Beck's Depression Inventory. The Statistical Package for Social Sciences was used for the data analysis. The T-test analysis indicated a significant statistical difference on the level of depression that exist between the older women who lives in retirement homes ($M = 32.78$, $DS = 10.599$) and the depression level of older women who live with their families ($M = 15.77$, $DS = 6.253$), $t(98) = 9.144$, $p = .000$, $\alpha < .05$. ANOVA data support that older women living in retirement homes, present a higher levels of depression compared to older women living with their families $t: F(1, 98) = 101.738$, $p = .001$, $\alpha < .05$. The argument put forward in this paper/study is that older women living in retirement homes in Tirana have experiences a higher level of depression than those living with their families.

Keywords: Depression; Older Women; Retirement Homes; Family;

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1. Introduction

The world population is getting older very rapidly and the third age is mainly affected and suffering by this phenomenon. In every culture exist a different concept of how the third age is being seen or considered. For many individuals the last third of their life is considered as the last part of their life since during this period they are dealing with many challenges in order to survive. Our attitude toward the third age is often indifferent, making this category of people more vulnerable toward this phenomenon. However, the stance of our society towards the third age is often indifferent, making very difficult the identification of their real needs. Therefore, the third age is the main category of people exposed to psychological problems. According to author in [1], the diagnosis of depression in the last third of people's life is considered to be a very difficult issue. According to author in [2], the detachment of older women from their families is accompanied by a psycho-social consequences such as the social isolation, and the loss of social interaction. According, author in [3], older women who live in retirement homes tend to present a higher level of depression because the cognitive system of belief to these women is more damaged compared to the system of these women who live with their families. This happens because of the abandonment by their families which makes them to develop a low self-esteem creating in this way the predispositions for the appearance of depression. The main purpose of this study is identify whether exist any difference in the rate of depression feeling between the older women living in retirement homes in the city Tirana and those who live with their families.

1.1. Depression

Depression refers to a wide number of mental illnesses and mental health problems characterized by the absence of positive affect/aspect (the loss of interest in doing every day/daily activities and the loss of enjoying them), the loss of the sense of humor, accompanied by different emotional, cognitive, physical and behavioral symptoms. In practice, it is very difficult to distinguish the behavioral or mood changes which happen normally from the major depression. However, the persistence, the severity, the presence of other symptoms and the level social impairment create the necessary basis for distinguishing them [4]. Some of the physical and behavioral symptoms are: tearfulness and sadness, irritability, social isolation, sleep deprivation, exacerbation of pre-existing pains and of the pains caused by the increase in muscular tension [5], loss of appetite, difficulty in sleep, loss of sexual activity, and the loss of interest in daily activities that produce pleasure. In generally depression is co-morbid with anxiety and with some others disorders to anxiety and mood, prevalence for major depression among 16- to 65-yearolds in the UK is 21/1000 (males 17, females 25), but, if the less specific and broader category of 'mixed depression & anxiety' (F41.2, ICD-10, WHO, 1992) was included, these figures rise dramatically to 98/1000 (males 71, females 124). In mixed depression and anxiety, it can be seen that the gender ratio is more skewed to females [6].

1.2. Theories of Depression

The Psychodynamic View: This theory was written by Freud and it is based on the concept of loss. According to this theory the cause of depression is the loss of something that you love - human being or a subject. This loss can be a reality or an imagined situation [7]. Author in [8], investigated a number of widows and widowers one

year after the death of their spouses. Author in [8] mentions that 45 percent of his sample fit the criteria for the appearance and the diagnosis of depression.

The Behavioral View: This viewpoint protects its idea who the depression is a learned behavior [9], one of the first researchers to suggest a link between depression and behavior, hypothesized depression develops as a result of a lack of positive reinforcement for the depressive's actions [10].

The Cognitive-Behavioral View: According to Beck's theory people who are suffering from depression are thinking in such a way that distorts their reality [3]. Depressed people, according to Beck, distort reality by harboring negative feelings about the future. They tend to take things too personally and have the impression that the future is bleak and dim [3]. These inferior feelings, according to Beck, lead to other negative experiences for the depressed people. Thus, their feeling of inferiority is growing more [11].

Biological View: In the early 1980s, for the first time, it became possible the depiction of brain and how it functions in depressed people [12]. The studies showed that at least the half of the depressed people examined had increased levels of activity in the hypothalamic – pituitary - adrenal axis of the brain [12]. Other medical evidences also support the biological model of depression which are that in the adrenal glands of depressed people it is identified a higher than normal amount of cortisol discharges, and eccentric brain wave patterns as recorded by electroencephalograms (EEGs) [12].

1.3. Research Questions

This study is addressing two main research questions:

- 1- Is there any difference in the levels of depression that exist between older women living in retirement homes in the city of Tirana and those living with their families?
- 2- What is the level of depression of older women living in retirement homes in the city of Tirana and the level of depression of older women living with their families?

1.4. The hypothesis

Hypothesis of this study is: Older women live in retirement homes in the city of Tirana, appear higher levels/rates of depression than older women who live with their families.

1.5. Methodology

Sample

The total sample of this study consists of 100 elderly women. The 40 percent of the sample is living in different retirement homes in the city of Tirana, while the other 60 per cent is living with their families. The age of the sample ranges from 60 80 years old. All women participated in this study belong to middle and lower classes.

1.6. Tools Used

Beck's Depression Inventory (BDI-II) was used for the data collection of the study. The questionnaire consists of 21 multiple-choice questions; Beck's test is the most popular psychometric tests used for the measurement of depression's rate. It has higher test reliability (.93) and a high internal consistency (.91). The highest the score of the test, the bigger the level of depression. Apart from this positive aspect there are also some limitations: BDI suffers from the same problems as other self-report inventories, since the score of the test can be easily maximized or minimized by the person who completes it.

1.7. Procedures

The sample of this study was intentional, and for this reason it was selected a smaller number of older women who lives in different retirement homes in the city of Tirana. More concretely in the only public retirement home in Tirana "The home of elderly " were living 20 women, in the private retirement home "The Rays of Life" were living 10 women, in the private retirement home "Missionaries of charity for women" were living 18 women and finally, in the private retirement home "Joshua Center" were living 4 women. All this information was taken by the State Social Services in Albania. Confidentiality and anonymity were taken into consideration during the application of Beck's Depression Inventory.

2. Results

2.1. The sample data

Figure 1 shows the distribution of the sample - 40 percent of older women live in retirement homes in the city of Tirana, while the other 60 per cent live with their families in Tirana as well.

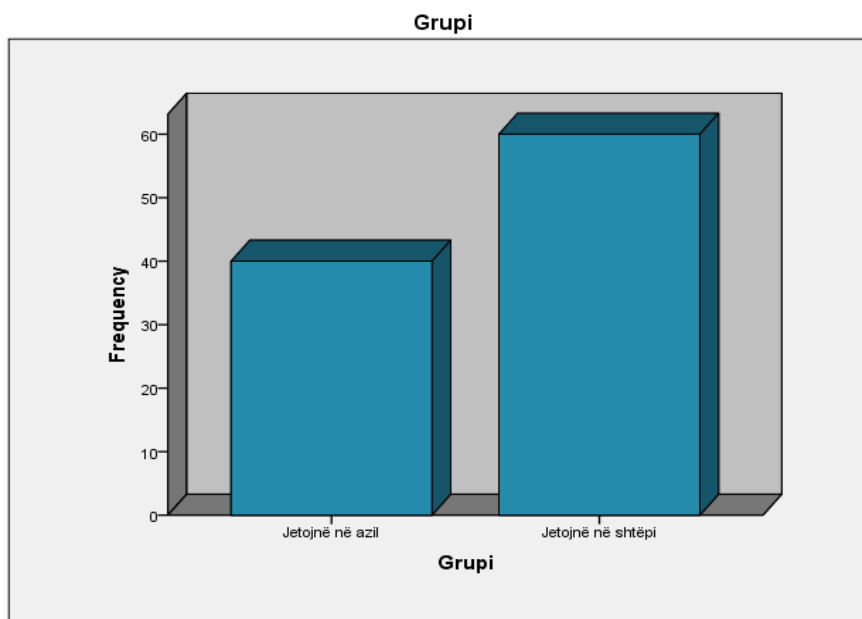


Figure 1: Distribution of sample in base to domicile

2.2. The analysis of reliability coefficient

Frequency of depression levels

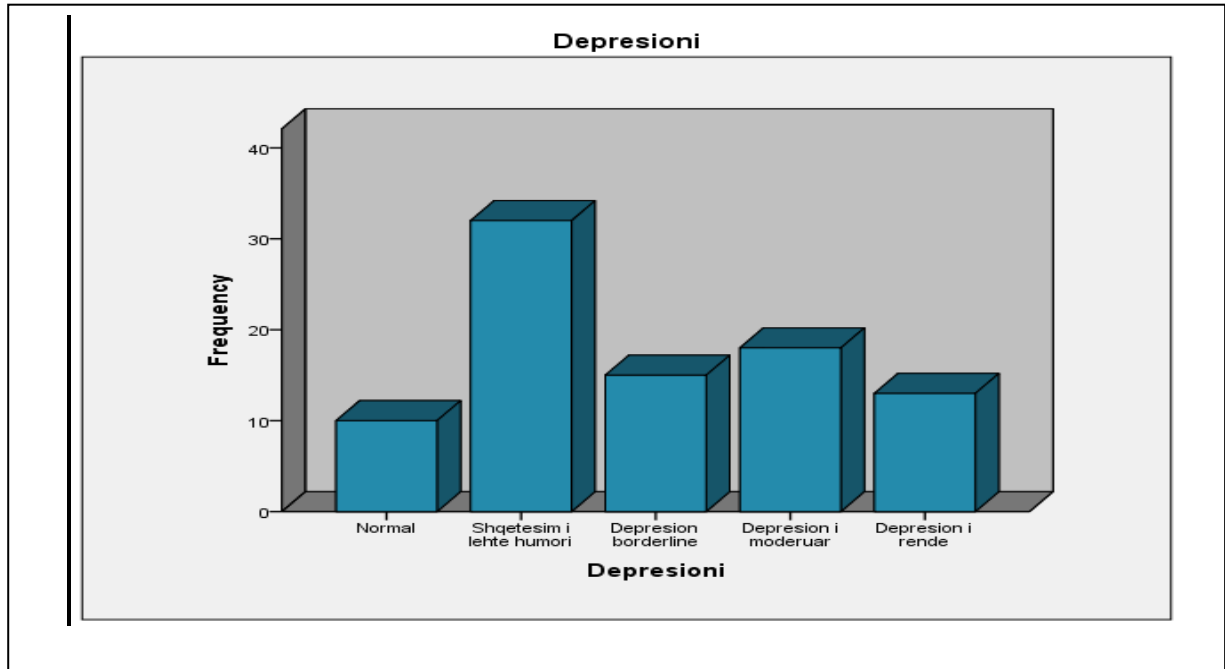


Figure 2: Distribution of depression level

This figure shows the level of depression experienced by the women who participated in the study: 10 per cent of them have experienced normal level of depression, 32 per cent have experienced small mood disorders, 15 percent have experienced disorders of borderline depression, 18 per cent have experienced moderate depression disorders and finally, 13 per cent have experienced severe levels of depression.

2.3. The Cronbach's alpha coefficient for reliability

Results over Cronbach's α (Alpha) in table 1 showed that the reliability of Beck's Depression Inventory is very high, (21- statements, $\alpha = .938$).

2.4. Cross Tabulation Analysis

The results presented in the table 2 show that none of the women who live in retirement homes in the city of Tirana has experienced normal symptoms of depression. On the contrary, the 16.7 per cent of the women who live with their families have displayed normal symptoms of depression. The 3.6 per cent of them living in retirement homes have experienced light mood disorders, while the percentage for them who live with their families is 51.7per cent. The 17.9per cent of women living in retirement homes has experienced border

symptoms of depression, while the percentage for them who live with their families is 16.7 per cent. The 46.4 per cent of sample that lives retirement homes has experienced moderate symptoms of depression, while for the other category the percentage is only 8 per cent. The percentage of women who live in retirement homes and have experienced severe symptoms of depression is 32.1per cent, while for them who live with their families is 6.7 percent

Table 1: The coefficient of alpha reliability for depression

Reliability Statistics	
Cronbach's Alpha	Number of statements
.938	21

Table 2: The differences in level of depression between two groups

		Group		Total	
		Live in residential centers	Live in homes		
The Depression	Normal	The value	0	10	10
		% about depression	0.0%	100.0%	100.0%
		% about group	0.0%	16.7%	11.4%
		% total	0.0%	11.4%	11.4%
	Light disorders of depression	The value	1	31	32
		% about depression	3.1%	96.9%	100.0%
		% about group	3.6%	51.7%	36.4%
		% total	1.1%	35.2%	36.4%
			5	10	15
		The value			
	Borderline depression	% about depression	33.3%	66.7%	100.0%
		% about group	17.9%	16.7%	17.0%

	% total	5.7%	11.4%	17.0%
	The value	13	5	18
Depression of moderate	% about depression	72.2%	27.8%	100.0%
	% about group	46.4%	8.3%	20.5%
	% total	14.8%	5.7%	20.5%
	The value	9	4	13
Depression of Severe	% about depression	69.2%	30.8%	100.0%
	% about group	32.1%	6.7%	14.8%
	% total	10.2%	4.5%	14.8%
	The value	28	60	88
	% about depression	31.8%	68.2%	100.0%
	% about group	100.0%	100.0%	100.0%
	% total	31.8%	68.2%	100.0%
Total				

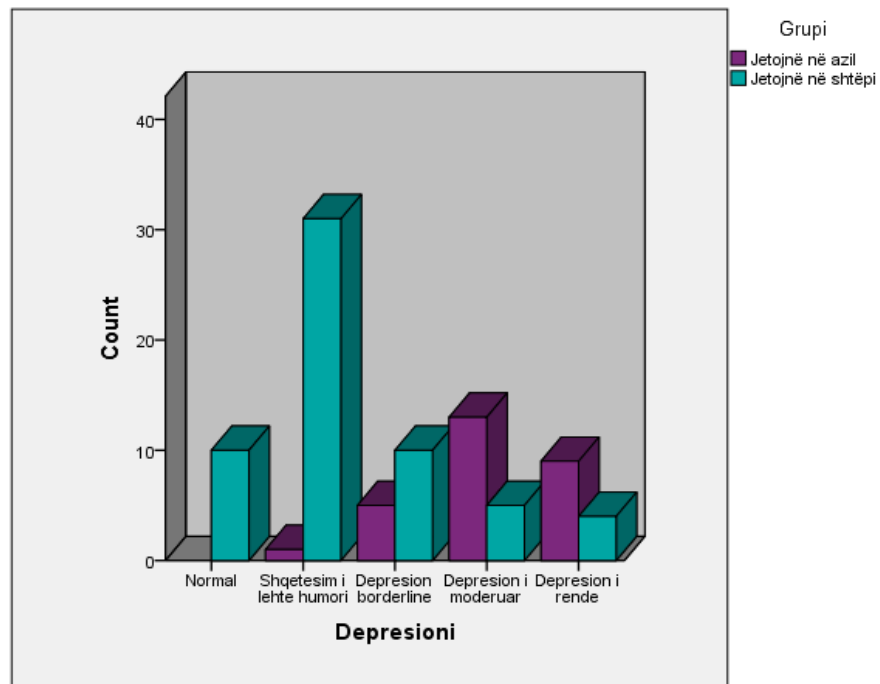


Figure 3: Distribution of depression level

2.5. Analysis through T-test:

Analysis through T-test has shown that has statistical main differences regarding depression between elderly women who are living in residential centers to elderly (M = 32.78, DS = 10.599) and elderly women who are living in family(M =15.77, DS = 6.253), $t(98) = 9.144, p = .000, \alpha < .05$.

Table 3: The differences in report of depression between two groups through t-test

		t-Test								
		Levene's test is used to assess the equality of variances.								
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		F	Sig.	t	gl	Sig. (2-tailed)	The difference s	standard error	95% The differences in interval of reliability	
						In average		down	up	
The depression	the supposed equality of variances	30.094	.000	10.087	98	.000	17.008	1.686	13.662	20.355
	the equality of without supposed of variances			9.144	57.164	.000	17.008	1.860	13.284	20.733

2.6. Analysis of Depression through ANOVA

Table 4: Analysis through ANOVA for depression

ANOVA					
The depression					
	Sum of squares	Gl	Mean of squares	F	Sig.
Between groups	6942.802	1	6942.802	101.738	.000
Within groups	6687.708	98	68.242		
Total	13630.510	99			

The analysis of depression through ANOVA between these two groups showed that exist main statistical differences. $F(1, 98) = 101.738, p = .001, \alpha < .05$. F's rate (101.738) is important ($p = 0.000$) in level $\alpha < .05$. Number 1 is the degrees of freedom in the groups, 98 is the group's degree of freedom, 101.738 is value of degrees F, 0.000 is the value of P. In this case (H_0) that supposed that hasn't differences between two groups in level of depression, which was rejected, in as much as $p < \alpha$.

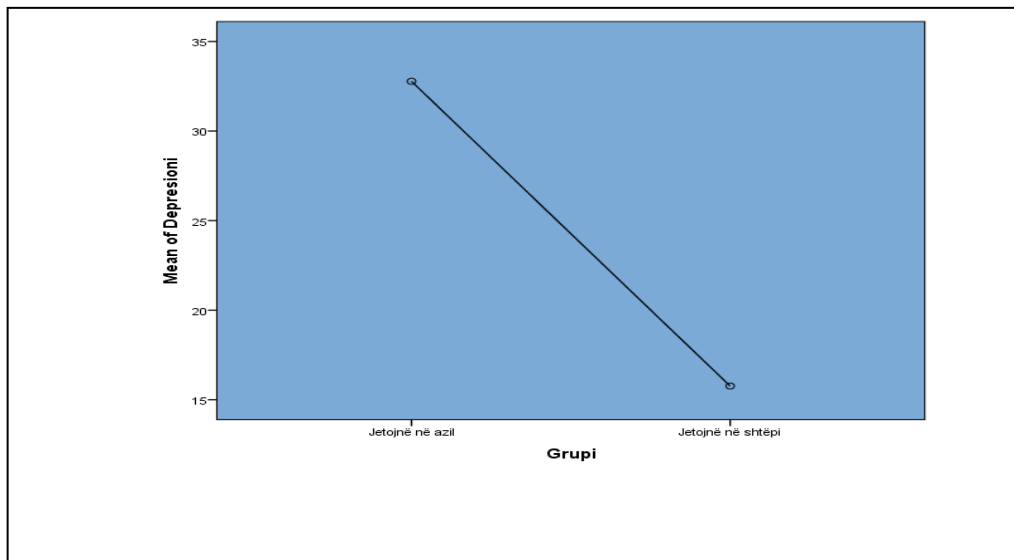


Figure 4: The differences between two groups of depression

From the graph is clear that older women living in retirement homes in Tirana present/appear higher level of depression than older women living with their families. There is a relatively high average between the two groups. The value of the first group (women who live in retirement houses) is about 33 and the value for the second group of women is about 16. Therefore, the difference is evident.

3. Discussion

The total sample of this study consists of 100 elderly women. The 40 percent of the sample is living in different retirement homes in the city of Tirana, while the other 60 per cent is living with their families. The age of the sample ranges from 60 80 years old. All women participated in this study belong to middle and lower classe. Beck's Depression Inventory (BDI-II) which is considered of having high reliability, cronbach's α (alpha) with a value.938, has been used for the data collection. Results for depression have showed that the level of depression experienced by the women who participated in the study: 10 per cent of them have experienced normal level of depression, 32 per cent have experienced small mood disorders, 15 percent have experienced disorders of borderline depression, 18 per cent have experienced moderate depression disorders and finally, 13 per cent have experienced severe levels of depression. Results through cross tabulation have shown that none of the women who live in retirement homes in the city of Tirana has experienced normal symptoms of depression. On the contrary, the 16.7 per cent of the women who live with their families have displayed normal symptoms of depression. The 3.6 per cent of them living in retirement homes have experienced light mood disorders, while the percentage for them who live with their families is 51.7per cent. The 17.9per cent of women living in

retirement homes has experienced border symptoms of depression, while the percentage for them who live with their families is 16.7 per cent. The 46.4 per cent of sample that lives retirement homes has experienced moderate symptoms of depression, while for the other category the percentage is only 8 per cent. The percentage of women who live in retirement homes and have experienced severe symptoms of depression is 32.1per cent, while for them who live with their families is 6.7 per cent. Analysis through T-test has shown that has statistical main differences regarding depression between elderly women who are living in residential centers to elderly (M = 32.78, DS = 10.599) and elderly women who are living in family (M =15.77, DS = 6.253), $t(98) = 9.144$, $p = .000$, $\alpha < .05$. The analysis of depression through ANOVA between these two groups showed that exist main statistical differences. $F(1, 98) = 101.738$, $p = .001$, $\alpha < .05$. F's rate (101.738) is important ($p = 0.000$) in level $\alpha < .05$. Number 1 is the degrees of freedom in the groups, 98 is the group's degree of freedom, 101.738 is value of degrees F, 0.000 is the value of P. In this case (H0) that supposed that hasn't differences between two groups in level of depression, which was rejected, in as much as $p < \alpha$. Results over Cronbach's α (Alpha) showed that the reliability of Beck's Depression Inventory is very high, (21- statements, $\alpha = .938$).

4. Conclusion

It is evident from these findings that the aged women who are living in different residential centers to elderly in Tirana Town (old age homes) are more depressed, than the aged women who are living in their families. It can be said that the well-being of the older adults is markedly affected by the feeling of alienation from the family.

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