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The Effectiveness Of Play Therapy On Stress Among Elderly Residing At Bhai Vir Singh Birdh Ghar, Tarntaran, Punjab

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Abstract:

Introduction: In the present scenario, due to trend of nuclear families most of the elderly are residing in old age homes. Many of them experiences loneliness and stress in old age; either as a result of living alone or due to lack of close family ties and reduced connections with their culture origin, which results in an inability to participate in the community activities. A number of relaxation techniques are included in daily routine activities of elderly in old age homes to reduce stress. This study was done to find out effect of play therapy among elderly residing in Bhai Vir Singh Birdh Ghar, Tarn Taran, Punjab.

Method and Material: A pre experimental one group pre-test and post-test study was conducted by enrolling 60 elderly residing at Bhai Vir Singh Birdh Ghar, Tarn Taran, Punjab. The elderly enrollment was done by purposive sampling. The Perceived Stress Scale -14 (PSS-14) was used to assess the stress score of elderly before and after the play therapy. Data was collected by using structured interview technique. Play therapy was given by using luddo, snake and ladder, chess and cards to elderly once a time in a day for one hour for one month.

Results: It shows that during the pre test, 85% of elderly had moderate stress, 8.3% had mild stress and 6.7% had severe stress. After implementation of play therapy 78.3 % elderly showed moderate stress and 21.7% showed mild stress and there was no severe level of stress in elderly. So, statistically (t= 9.819, df =59, p = .000) proved that there was significant difference in post stress score of elderly after administration of the play therapy.

Conclusion: It was concluded from the study that there is no significant association between post test score of elderly with selected demographic variable. The study results showed that the play therapy was helpful to lower the stress level of elderly.

Keywords: Old Age Home Elderly, Stress, Play Therapy.

I. INTRODUCTION

"Nothing is more beautiful than cheerfulness in an old face"

-Richter

Ageing is a gradual developmental process of biological, psychological, sociological and behavioral change that begins at the moment when an individual is born. It refers to the normal progressive and irreversible biological changes occurring in an individual's life span. As ageing is an individual phenomenon, there is no definite cut off point for defining old age though for international comparisons 60 years & above is recommended as the cutoff point.

Latest census in India revealed that more than 76 million people who are aged 60 years and over. This age group currently constitutes 7.4% of the Indian population. The life expectancy of an average Indian has increased from 54 years in 1981 to 64.6 years by 2002. This elderly population is likely to increase to 137 million by 2021.

According to WHO (2012) the population of elderly people is increasing all over the world; within only 10 years i.e. one billion.

- ✓ By 2050, 64 countries will have 30% or more population be over 60.
- ✓ By 2050, nearly one in five people in developing countries will be over 60.
- ✓ 2012-50, the number of centenarians will increase globally from 316,600 in 2012 to 3.2 million in 2050.
- ✓ The majority of people who live in low or middle countries, by 2050 their number will have increased up to 80%.

Traditionally, the family has been the primary source of care and material support for the older adults throughout Asia. But urbanization, modernization, industrialization and globalization have brought major transformations in the family system in the form of structural and functional changes.

As a result of these socio-demographic changes, older adults at times are forced to shift from their own place to some institutions/old age homes. The institutionalized elderly suffer more stress than free living elderly because, majority of them have no contact with their beloved ones, and they have less opportunities to share their feelings and emotions. They are also living in a disciplined atmosphere which lacked freedom and privacy which promoting stress. In the case of free living elderly, the presence of family members helps to decrease the effect of stressful situations by building up their strengths and comforting them in times of need. Communication with family members is also helpful in reducing stress.

Targeted cognitive interventions are becoming popular, especially memory training interventions. Play therapy has grown beyond the simple use of toys for communication in a playroom by including most expressive forms of therapy such as art, music, dance, drama, movement, poetry, and storytelling. Although the mainstay of therapy is still the playroom, with its selection of symbolic toys, the play therapist has greatly expanded the medium for non-verbal and verbal expressions. Play therapy is primarily used with children but the recent research has begun to explore the use of this approach on adults. The elderly play behaviors of one elderly residents were markedly similar to those of children participating in CCPT (client centered play therapy). This may be an appropriate and enjoyable method for addressing mental health.

Priya K et. al (1998) assesses psycho social determinants of 60 institutionalized and 60 non institutionalized elderly in New Delhi. This study revealed that feeling of loneliness is more for the institutionalized older people whereas social support had a higher mean score for the non-institutionalized older people. Thus showing that social support is more amongst non-institutionalized older people.

R Ayers Catherine et. al (2007) reviewed of the geriatric anxiety treatment outcome literature by using specific coding criteria and identified 17 studies that met with generalized anxiety disorder or samples with mixed anxiety disorders or symptoms. Evidence was found for efficacy for only 4 types of Evidence Based Techniques (EBT)s like Relaxation training, cognitive – behavioral therapy (CBT), supportive therapy and cognitive therapy have support for treating subjective anxiety symptoms and disorders. Thus there is continued investigation of Evidence Based Techniques is needed in clinical geriatric samples.

II. REVIEW OF LITERATURE

The review of present study had been organized and presented under the following heading:

Literature Related To

- ✓ Stress among Elderly.
- ✓ Effectiveness of different relaxation therapies on stress among elderly.
- ✓ Institutionalization of the elderly.

RESEARCH PROBLEM

"A study to assess the effectiveness of play therapy on stress among elderly residing at Bhai Vir Singh Birdh Ghar, Tarntaran, Punjab."

OBJECTIVES

The study objectives are:

- ✓ Assess the stress level among elderly residing in old age home.
- ✓ Plan and implement play therapy to elderly residing in old age home.
- ✓ Assess the effectiveness of play therapy on stress level among elderly residing in old age home.
- ✓ Find out the association of post test stress level with selected demographic variables of elderly.

HYPOTHESES

H_0: There will be no significant differences in pre test stress score and post test stress score as measured by valid and reliable tool PSS-14 at 0.05 level of significance.

H_1: There will be significant differences in pre test stress score and post test stress score as measured by valid and reliable tool PSS-14 at 0.05 level of significance.

RESEARCH APPROACH

Quantitative Approach**.**

RESEARCH DESIGN

The research design selected for the present study was Pre experimental research design with one group Pre test and post test design.

RESEARCH SETTING

Study is conducted in Bhai Vir Singh Birdh Ghar Tarntaran, Punjab.

TARGET POPULATION

Elderly above 60 years is residing at Bhai Vir Singh Birdh Ghar Tarntaran, Punjab.

SAMPLE SIZE AND SAMPLE TECHNIQUE

SAMPLING SIZE

6o elderly is residing at Bhai Vir Singh Birdh Ghar Tarntaran, Punjab.

SAMPLING TECHNIQUE

Purposive Sampling Technique.

VARIABLES UNDER STUDY

- ✓ Independent variable: play therapy
- ✓ Dependent variable: stress score of elderly before play therapy.

III. INCLUSION CRITERIA & EXCLUSION CRITERIA

INCLUSION CRITERIA

The study will include elderly who are

- ✓ Above 60 years residing in selected old age home.
- ✓ Able to give consent.

EXCLUSIVE CRITERIA

The study will exclude elderly who are

- ✓ Chronically ill And Bed Ridden.

DEVELOPMENT OF TOOLS

Tools are prepared after continue review of literature, consultation and discussion with experts of nursing, psychiatrist and clinical psychologist.

DESCRIPTION OF TOOLS

PART A: Socio-Demographic Variables. It Includes items for obtaining personal information's of patients i.e. age, gender, educational status, previous occupation, present marital status, previous type of family, duration of stay, type of admission, present income source, previous knowledge of relaxation therapy **.**

PART B: Perceived Stress Scale – 14, by Sheldon Cohen, is a 14 items self report instrument with the five point scale that measure the stress. There are seven negative and seven positive questions for which the subjects were required to choose from a scale. positively stated Items 4, 5, 6, 7, 9, 10, and 13 scores are obtained by reversing the scores. The reliability and validity (r=0.85). Subjects' responses are measured on a five-point scale (0 = never, 1 = almost never, 2=sometimes, 3 = fairly often, 4 = very often.

VALIDITY OF TOOLS

The content validity of tool will be determined by expert's opinion on the relevance of the item. The tools were given to the 6 experts along with problem statement and objectives of the study. The experts were selected from the department of psychiatric, psychology, sociology and nursing field.

RELIABILITY OF TOOLS

During pilot study reliability of tool (PSS-14) was estimated from the data of 10 subjects by Test Re Test method. Reliability coefficient for pre test perceived stress score -14 was 0.77 and for post test was 0.72. it was statistically significant and thus reliable.

ETHICAL CONSIDERATION

- ✓ Permission was taken from concerned authority of old age home.
- ✓ A written informed consent was taken from elderly.
- ✓ Anonymity and confidentiality of the information was maintained while carry out observation**.** Subjects were given full autonomy to withdrawal from the study anytime without assigning any reason.

IV. DATA COLLECTION PROCEDURE

Data was collected at Bhai Vir Singh Birdh Ghar Tarntaran, Punjab. Before approaching the elderly, formal permission was obtained from the official authority of the esteemed institute. A total of 60 elderly residing in BhaiVir Singh Birdh GharTarntaran, Punjab were selected by purposive sampling. Consent was obtained from the subjects after explaining their role in the study. Perceived stress scale-14 was administered two times; Firstly informed consent was taken and then the data related to elderly's personal profile and stress level was collected. Then Play therapy was given by using luddo, snake and ladder, chess and cards to elderly once a time in a day for one hour for one month. Then secondly Perceived stress scale-14 was administered. The structured interview technique was used to collect data. The information was kept confidential and was used for research purpose.

PLAN FOR DATA ANALYSIS

Analysis of the data was done in accordance with the objectives by using the descriptive and inferential statistics and findings were presented in the form of tables and figures. The final data transformed to SPSS 15.0 Evaluation version and analyzed by using appropriate descriptive and inferential statistics.

Organization and Presentation of Data:

The analyzed data was organized according the objectives under following sections.

SECTION A: Finding related to distribution of Socio-demographic profile of elderly.

SECTION B: Finding related to level of pre test perceived stress score of elderly.

SECTION C: Findings related to post intervention level of perceived stress score of elderly.

SECTION D: Findings related to effectiveness of play therapy.

SECTION E: Findings related to association of post test stress score with selected demographic variables.

SECTION A: Finding related to distribution of Socio-demographic profile of elderly.

(N=60)

S.NO.	DEMOGRAPHIC DATA	FREQUENCY (f)	PERCENTAGE (%)
1	**Age (In years)**		
	60-69	**29**	**48.3**
	70-80	27	45.0
	Above 80	4	6.7
2.	**Gender**		
	a) Male	**33**	**55.0**
	b) Female	27	45.0
3.	**Education**		
	a) Non literate	**23**	**38.3**
	b) Primary	18	30.0
	Education	14	23.3
	c) Secondary	03	5.0
	Education	02	3.3
	d) Graduation		
4.	e) Post Graduation		
	Previous Occupation	08	13.3
	status	08	13.3
	a) Govt. employer	05	8.3
	b) Pvt. Employer	02	3.3
	c) Own Business	02	3.3
	d) Unemployed	**14**	**23.3**
	e) Laborer	**21**	**35.0**
	f) Agriculture		
5.	g) Housewife		
		13	21.7
	Present Marital	10	16.7
	Status	**28**	**46.7**
	a) Married	01	1.7
	b) Unmarried	08	13.3
	c) Widow/ widower		
6.	d) Divorce		
	e) Separated	21	35.0
		07	11.7
	Previous Type of	**32**	**53.3**
	family		
	a) Nuclear		
	b) Joint		
	c) Living alone		
7.	**Duration of stay**		
	a) 0-3 years	**29**	**48.3**
	b) 4-6 years	19	31.7
	c) > 6 years	12	20.0
8.	**Type of admission**		
	a) voluntary	**47**	**78.3**
	b) Forced	13	21.7
9.	**Previous knowledge related to relaxation therapy**		
	a) Yes (specify if any)		
	b) No	03	5.0
		57	**95.0**
10.	**Present Monthly income**		
	a) **No**		
	b) 1-500	**26**	**43.3**
	c) 501-1000	25	41.7
	d) 1001-2000	00	00
	e) 2001-3000	02	3.3
	f) >3000	00	00
		07	11.7

Table 1: Frequency and percentages distribution of demographic variables of elderly

SECTION B: Finding related to level of pre test perceived stress score of elderly.

Levels of stress	Frequency (%)	Mean ± SD
Mild stress (0-18)	05(8.3)	14.2 ± 3.033
Moderate stress (19-37)	51(85.0)	36.92 ± 5.912
Severe stress (38-56)	04(6.7)	49.75 ± 1.5

Table 2: Frequency and percentage of pre test level of stress score N=60

Table 2 reveals that in the pre-test stress scores more than half (85.0%) of the elderly was having moderate stress, (8.3%) elderly were having mild stress, (6.7%) elderly were having severe stress.

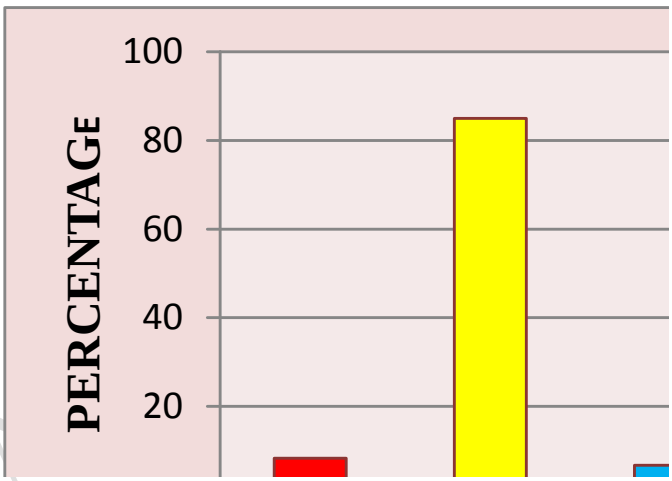

Figure 1: Distribution of pre test level of stress score of elderly

SECTION C: Findings related to post intervention level of perceived stress score of elderly.

N=60

Level of stress	Frequency (%)	Mean ± SD
Mild stress (0-18)	13(21.70)	19.08 ± 4.991
Moderate stress (19-37)	47(78.30)	34.43± 5.106
Severe stress (38-56)	-	-

Table 3: Finding related to distribution of Post Test Level of Stress Score

Table 3 revealed that in post test level of stress score, more than half 78.3% were having moderate stress score, 21.70% elderly were having mild stress sore and no elderly having severe stress.

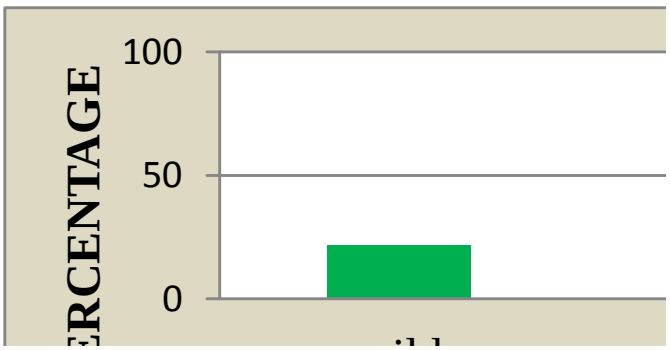

Figure 2: Distribution of post test level of stress scores of elderly

SECTION D: Findings related to effectiveness of play therapy

Stress score	Mean	N	Std. Deviation	Std. Error Mean
Pre test score	35.88	60	9.175	1.184
Post test score	31.10	60	8.128	1.049

Table 4: T-Test Paired Samples Statistics

Stress score	Mean	Std. deviation	T	df	Sig.(2-tailed)
Pre test score	4.783	3.774	9.819	59	0.000
Post test score					

Table 5: Paired Sample Test

Table 4, 5: It shows that during the pre test, 85% of elderly had moderate stress, 8.3% had mild stress and 6.7% had severe stress. After implementation of play therapy 78.3 % elderly showed moderate stress and 21.7% showed mild stress and there was no severe level of stress in elderly. So, statistically (t= 9.819, df =59, p = .000) proved that there was significant difference in post stress score of elderly after administration of the play therapy.

SECTION E: Findings related to association of post test stress score with selected demographic variables

(N=60)

S.no Variables	Stress level Mild stress f(%)	Moderate stress f(%)	χ^2 Value Df p value
1. Age (in years)			
a. 60-69	3 (23.1)	26(55.3)	5.091
b. 70-80	8 (61.5)	19(40.4)	2
c. Above 80	2 (15.4)	02(4.3)	0.078^{NS}
2. Gender			
a. Male	8 (61.5)	25(53.2)	0.287
b. Female	5 (38.5)	22(46.8)	1
			0.592^{NS}
3. Education			
a. Illiterate	7(53.8)	16(34.0)	
b. Primary Education	4(30.8)	14(29.8)	3.579
c. Secondary Education	1(7.7)	13(27.7)	4
d. Graduation	1(7.7)	2(4.3)	0.466^{NS}
e. Post Graduation	0(0.0)	2(4.3)	
4. Previous Occupation status			
a) Govt. employer	1(7.7)	7(14.9)	
b) Pvt. Employer	2(15.4)	6(12.8)	6.951
c) Own Business	3(23.1)	2(4.3)	6
d) Unemployed	1(7.7)	1(2.1)	0.325^{NS}
e) Laborer	0(0.0)	2(4.3)	
f) Agriculture	3(23.1)	11(23.4)	
g) Housewife	3(23.1)	18(38.3)	
5. Present Marital status			
a) Married	3(23.1)	10(21.3)	
b) Unmarried	3(23.3)	7(14.9)	4.675
c) Widow/ widower	5(38.5)	23(48.9)	4
d) Divorce	1(7.7)	0(0.0)	0.322^{NS}
e) Separated	1(7.7)	7(14.9)	
6. Previous Type of family			
a) Nuclear	3(23.1)	18(38.3)	1.080
b) Joint	2(15.4)	5(10.6)	2
c) Living alone	8(61.5)	24(51.1)	0.583^{NS}
7. Duration of stay			
a) 0-3 years	6 (46.2)	23 (48.9)	1.365
b) 4-6 years	3 (23.1)	16 (34.0)	2
c) > 6 years	4 (30.8)	8 (17.0)	0.505^{NS}
8.Type of admission			
a) voluntary	12 (92.3)	35 (74.5)	1.910
b) Forced	1 (7.7)	12 (25.5)	1
			0.167^{NS}
9. Previous knowledge related to relaxation therapy			
a) Yes (specify if any)	1 (7.7)	2 (4.3)	0.253
b) No	12 (92.3)	45 (95.7)	1
			0.615^{NS}
10. Present Monthly income source			
a) No	4 (30.8)	22 (46.8)	
b) 1-500	7(53.8)	18(38.3)	
c) 501-1000	00	00	2.366
d) 1001-2000	1(7.7)	1(2.1)	
e) 2001-3000	00	00	3
f) >3000	1 (7.7)	6 (12.8)	0.500^{NS}

*N=60*Significant at p <0.05 level NS= Non Significant*

Table 6: Association of post test stress level with selected demographic variables of elderly

Table 6 revealed the association of post- test stress scores with the demographic variables. The Chi- square test was applied to find out the association. Computed p value for statistically at 0.05 levels for Age (0.078), Gender (0.592), Educational status (0.466), Previous occupation (0.325), Present Marital status (0.322), Previous Type of family (0.583), Duration of stay (0.505), Type of admission (0.167), Previous knowledge related to relaxation therapy (0.615), Present monthly income source (0.500) found no-significant association between the post test stress scores with the selected demographic variables.

V. DISCUSSION

The study research shows that during the pre-test, 85% of elderly had moderate stress, 8.3% had mild stress and 6.7% had severe stress. After implementation of play therapy 78.3 % elderly showed moderate stress and 21.7% showed mild stress and there was no severe level of stress in elderly. So, statistically (t= 9.819, df =59, p = .000) proved that there was significant difference in post stress score of elderly after administration of the play therapy.

VI. IMPLICATIONS

The findings of this study will be used in different areas of nursing like area of service, education, administration and research. Present study result has following implications:

NURSING PRACTICE

IN HOSPITAL

- ✓ In the current scenario, there is a need of evidence based practices so as to bring change in the current nursing practices. Such researches help in adoption of certain practices by providing necessary evidence.
- ✓ Play therapy needs to be implemented as a part of other therapies and to be practiced by the nurse in day to day activities.
- ✓ The nurses need to motivate the elderly patients to practice play therapy in their daily life.

IN COMMUNITY

- ✓ The nurse who focuses on the gero psychiatric rehabilitation in the community should know about the play therapy like therapeutic therapy.
- ✓ Nurse should aware about the application of various assessment tools for stress in community.

IN NURSING EDUCATION

- ✓ Educational system incorporates advancement in nursing sciences into curriculum.

- ✓ Application of complementary and alternative therapies of managing stress should be taught in practical way to manage stress symptoms in early stage.
- ✓ Skill development of nursing students to practice play therapy should be strengthened in clinical area.
- ✓ Family educators or nursing personnel's should also be educated to play therapy reduce level of stress and thereby making these measures beneficial to community people.

NURSING ADMINISTRATION

- ✓ Nurse administrator can conduct in service education and training programme for nurses working at various departments about the use of Play therapy to managing the stress stages in geriatric patients.
- ✓ Nurse administer should organize awareness campaign for elderly and family members regarding use and benefits of play therapy to reduce level of stress.

NURSING RESEARCH

- ✓ Findings of the study will act as a catalyst to carry out more extensive research in a large sample and in other settings to generalize the research findings.
- ✓ Such research work enforces evidence based practice.
- ✓ Research studies related to geriatric psychiatric problems are limited, so need to focus on this area.
- ✓ In Indian settings researches related to alternative & complementary therapy especially the effectiveness of play therapy on stress in old age home setting are limited.
- ✓ The findings of the research need to be disseminated through publications so that the utilization of such research findings is encouraged. The findings of the study have implications for Nursing Education, Nursing Research, Nursing Practice, Nursing Administration and Nursing Research.

VII. LIMITATIONS

- ✓ Sample size of the study was small i.e. 60 elderly. Hence it is difficult to make broad generalization.
- ✓ Purposive sampling done from selected old age homes of Punjab further restricts the generalization of the study to a particular setting.
- ✓ Study was conducted only on elderly who residing in selected old age homes.
- ✓ Intervention was limited to only an hour.
- ✓ Study results are limited to Indian population.

VIII. RECOMMENTATIONS

It is suggested to interested researchers to:

- ✓ Similar study could be replicated on large sample to validate and generalize its findings.
- ✓ A study can be conducted in different settings.
- ✓ A comparative study can be conducted with more than one intervention like with music therapy or guided imagery technique.
- ✓ Randomized controlled trial can be done for similar type of study.
- ✓ The study can be done with quasi experimental research design.
- ✓ Non pharmacological stress management should be emphasized in nursing curriculum.
- ✓ Training programmes to nurses can be given on complementary therapies
- ✓ Complementary therapy cell-could be arranged at an institution and multidisciplinary team could be introduced.
- ✓ General health questionnaire can be used along with stress scale to get accurate information.

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