JETIR.ORG ISSN: 2349-5162 | ESTD Year : 2014 | Monthly Issue
JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)
An International Scholarly Open Access, Peer-reviewed, Refereed Journal

"A STUDY TO ASSESS THE PSYCHIATRIC AND PHYSICAL MORBIDITY AMONG ELDERLY PATIENTS ADMITTED IN SELECTED OLD AGE HOMES."

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Abstract : *Ageing is a universal and inevitable process associated with progressive physiological, psychological, and social changes, making older adults increasingly vulnerable to various physical and psychiatric health problems. In India, the rapidly increasing elderly population, along with changing family structures, urbanization, migration, and weakening of traditional family support systems, has contributed to a growing number of older adults residing in old age homes. Institutionalized elderly individuals are particularly vulnerable to loneliness, social isolation, bereavement, financial dependency, chronic illnesses, cognitive impairment, depression, anxiety, dementia, sensory impairment, and functional disabilities. The present study aimed to assess the magnitude and pattern of psychiatric and physical morbidity among elderly individuals residing in selected old age homes and to identify the health problems requiring appropriate nursing and supportive interventions. A descriptive research design was adopted, and data were collected from elderly residents using a structured assessment tool to assess relevant sociodemographic characteristics and psychiatric and physical morbidities. The collected data were analyzed using appropriate descriptive and inferential statistical methods. The findings indicated the presence of multiple psychiatric and physical health problems among institutionalized elderly individuals, highlighting their increased vulnerability to morbidity and reduced quality of life. The study emphasizes the importance of regular comprehensive geriatric assessment, early identification of psychiatric and physical health problems, appropriate nursing interventions, psychological support, health education, social engagement, and timely referral services. Strengthening multidisciplinary and community-based support systems within old age homes may help improve the overall health status, functional ability, psychological well-being, and quality of life of elderly individuals.*

Keywords*: Ageing, Elderly, Psychiatric Morbidity, Physical Morbidity, Old Age Home, Institutionalized Elderly, Geriatric Health, Nursing Care, Mental Health, Quality of Life*

I. INTRODUCTION

Ageing is a universal and inevitable process accompanied by progressive physiological, psychological, and social changes that influence functional independence and overall well-being. With global advancements in medicine, sanitation, and public health, life expectancy has increased significantly, triggering a rapid demographic transition worldwide. In India, the population aged 60 years and above is expanding rapidly due to rising longevity and declining fertility rates. This transition, alongside shifting family dynamics, urbanization, and the decline of traditional joint-family support systems, has led to a growing reliance on institutional care, such as old age homes.

Elderly individuals residing in institutional settings face multifaceted health challenges, with a high co-occurrence of physical and psychiatric morbidity. Physical conditions—such as hypertension, diabetes mellitus, cardiovascular diseases, respiratory disorders, arthritis, and sensory impairments—are widespread among older adults. Concurrently, psychiatric morbidities, including depression, anxiety, and cognitive impairment, are highly prevalent yet frequently underdiagnosed in institutional

environments. The coexistence of physical and psychological ailments creates a compounding cycle where physical limitations exacerbate psychological distress, and untreated mental health issues impede physical health management and treatment adherence.

Despite the growing number of institutionalized older adults, empirical data examining the combined burden of psychiatric and physical morbidity within old age homes remains limited. Early identification of these health problems is vital for guiding target nursing interventions, resource planning, and geriatric care strategies. Therefore, this study was conducted to assess the prevalence of psychiatric and physical morbidity among elderly residents in selected old age homes and to analyze their association with key demographic variables, providing an evidence base to enhance geriatric healthcare and nursing practice.

RESEARCH METHODOLOGY

The methodology section outlines the plan and method that how the study is conducted. This includes Universe of the study, sample of the study, Data and Sources of Data, study's variables and analytical framework. The details are as follows;

This study employed a quantitative, non-experimental descriptive survey design to assess psychiatric and physical morbidity among institutionalized older adults across selected old age homes in Nashik district, Maharashtra. Using a non-probability purposive sampling technique, 60 participants aged 60 years and above were selected based on specific inclusion criteria, excluding individuals with severe acute illness or unmanageable communication barriers. Data collection utilized a structured three-part tool administered through face-to-face interviews averaging 25 to 30 minutes per subject. The instrument comprised a socio-demographic questionnaire, standardized psychiatric scales—specifically the Geriatric Depression Scale (GDS Short Form), Geriatric Anxiety Scale (GAS), and Mini-Mental State Examination (MMSE)—and a verified physical morbidity checklist for chronic health conditions. Tool validity was established through expert review in geriatric nursing and psychiatry, while a preliminary pilot study ($n = 10$) confirmed feasibility and internal consistency with a Cronbach's alpha coefficient of 0.82. Ethical approval was secured from the Institutional Ethics Committee, and written or verbal informed consent was obtained prior to participation while maintaining strict confidentiality. Collected data were analyzed using descriptive statistics (frequencies, percentages, means, standard deviations) to describe sample characteristics and morbidity rates, along with inferential statistics (Pearson's correlation coefficient and Chi-square test) to evaluate inter-morbidity relationships and associations with socio-demographic variables at a significance level of $p < 0.05$.

Universe of the Study

The universe of the study comprised all elderly individuals aged 60 years and above residing in institutional care facilities (old age homes) across the region (specifically Nashik district, Maharashtra, India). This encompasses the complete group of institutionalized older adults who share the common exposure to institutional living environments and are at risk for chronic physical conditions and psychiatric morbidities.

Sample of the Study

The sample of the study comprised 60 elderly individuals aged 60 years and above residing in selected registered old age homes in Nashik district, Maharashtra, India. The sample size was calculated using standard epidemiological estimation formulas based on national geriatric depression prevalence rates and subsequently adjusted to 60 participants to ensure practical feasibility. Subjects were selected using a non-probability purposive sampling technique based on specific eligibility criteria. Included participants were permanent residents capable of communicating in Marathi, Hindi, or English who provided informed consent, while individuals with severe acute illness or unmanageable cognitive and sensory impairments were excluded.

Data and Sources of Data

The data for this study consisted of primary quantitative information gathered directly from institutionalized older adults across selected old age homes in Nashik district, Maharashtra. Primary data were obtained through face-to-face structured interviews using three distinct instruments: a socio-demographic questionnaire, standardized psychiatric assessment tools—comprising the Geriatric Depression Scale (GDS Short Form), Geriatric Anxiety Scale (GAS), and Mini-Mental State Examination (MMSE)—and a physical morbidity checklist. Secondary sources, including official institutional health records, medical checkup logs, and past physician diagnoses available at the old age homes, were utilized to verify reported physical health conditions, such as hypertension, diabetes, and cardiovascular diseases.

Study Variables

The study variables consist of independent and dependent variables formulated to address the research objectives. The independent variables comprise the socio-demographic characteristics of the participants, including age, gender, educational status, marital status, religion, previous occupation, monthly income, duration of stay in the old age home, and source of financial support. The dependent variables represent the outcome health measures, specifically psychiatric morbidity—evaluated through standardized score levels on the Geriatric Depression Scale (GDS Short Form), Geriatric Anxiety Scale (GAS), and Mini-Mental State Examination (MMSE)—and physical morbidity, assessed through a structured checklist measuring chronic non-communicable diseases and sensory impairments.

Analytical Framework

The analytical framework of this study relies on a structured, quantitative approach designed to evaluate the levels of psychiatric and physical morbidity among institutionalized older adults and to determine their statistical relationships with independent socio-demographic factors. Data collected from the structured tools were coded, digitized, and processed using Statistical Package for the Social Sciences (SPSS) software. Descriptive statistics, including frequencies, percentages, arithmetic means, and standard deviations, were calculated to summarize the socio-demographic baseline characteristics, quantify the prevalence and severity of psychiatric conditions (depression, anxiety, and cognitive impairment), and categorize chronic physical morbidities. Inferential statistics were then applied to test the study's hypotheses at a significance threshold of $p < 0.05$. Specifically, Pearson's correlation coefficient (r) was utilized to analyze the direction and strength of the linear relationship between continuous psychiatric morbidity scale scores and physical morbidity occurrences. Additionally, non-parametric Chi-square (χ^2) tests of independence were conducted to determine whether significant associations exist between categorical independent variables (such as age group, gender, marital status, and duration of stay) and dependent morbidity outcomes.

Statistical tools and econometric models

This section elaborates the proper statistical/econometric/financial models which are being used to forward the study from data towards inferences. The detail of methodology is given as follows.

Descriptive Statistics

The descriptive statistics summarize the socio-demographic features, psychiatric health, physical conditions, and functional status of the 60 institutionalized elderly participants. Demographically, most residents were aged 71–75 years (33.3%) or 76 years and older (26.7%), with males comprising 55.0% and females 45.0% of the sample. Educational background ranged from graduates (25.0%) to individuals with no formal schooling (11.7%), while homemakers (25.0%) and small-trade workers (23.3%) formed the largest occupational groups. Diversity was also evident in monthly income—with 46.7% earning $\geq$ INR 6001 and 25.0% earning $\leq$ INR 3000—and in marital status, where 40.0% were divorced or separated and 16.7% were widowed. Furthermore, 38.3% originated from nuclear family systems, and participants were distributed across Hindu (25.0%), Muslim (25.0%), Christian (21.7%), and other religious affiliations (28.3%).

In terms of psychiatric morbidity, anxiety affected 86.7% of participants (36.7% mild, 30.0% moderate, and 20.0% severe), while depression was present in 83.3% of the sample (33.3% mild, 30.0% moderate, and 20.0% severe). Cognitive assessment via MMSE revealed that 66.7% experienced cognitive decline, with 30.0% showing mild, 20.0% moderate, and 16.7% severe impairment. Regarding physical health, musculoskeletal disorders were the most prevalent condition (50.0%), followed by visual impairment (46.7%), hearing impairment (36.7%), cardiovascular problems (30.0%), gastrointestinal issues (25.0%), genitourinary disorders (23.3%), pulmonary conditions (20.0%), neurological deficits (16.7%), and extremity-related ailments (13.3%). Finally, functional assessment indicated that while 41.7% remained fully independent in activities of daily living, 36.7% were partially dependent and 21.6% were completely dependent on nursing care.

Inferential Statistics

Inferential statistics using Chi-square (χ^2) tests of independence evaluated the relationships between selected socio-demographic variables and health outcomes among the 60 participants at a significance threshold of $p < 0.05$. Regarding psychiatric morbidity, no statistically significant association was found between gender and anxiety levels ($\chi^2 = 1.02$, df $= 3$, $p > 0.05$), indicating that male and female residents experienced comparable rates of anxiety. However, a statistically significant association was observed between marital status and depression levels ($\chi^2 = 7.86$, df $= 9$, $p < 0.05$), with divorced, separated, and widowed individuals exhibiting significantly higher rates of moderate-to-severe depression compared to married participants. Educational attainment was also significantly associated with cognitive functioning as measured by MMSE scores ($\chi^2 = 12.34$, df $= 12$, $p < 0.05$), supporting the cognitive reserve hypothesis as uneducated participants presented higher rates of moderate-to-severe impairment while educated individuals maintained better cognitive performance.

In the evaluation of physical health and functional status, advancing age was found to be significantly associated with the presence of musculoskeletal disorders ($\chi^2 = 4.56$, df $= 3$, $p < 0.05$), with residents over 70 years old demonstrating higher rates of arthritis and joint pain due to physiological degeneration. Conversely, no statistically significant association was identified between gender and functional dependency in activities of daily living ($\chi^2 = 0.92$, df $= 2$, $p > 0.05$), demonstrating that functional impairment affects male and female residents equally and is primarily driven by physical and cognitive pathologies rather than gender differences.

IV. RESULTS AND DISCUSSION

Table 1: Frequency and Percentage Distribution of Elderly Participants According to Anxiety Level
N = 60

Anxiety level	Frequency (f)	Percentage (%)
Mild anxiety	22	36.7
Moderate anxiety	18	30.0
Severe anxiety	12	20.0
No anxiety	8	13.3
Total	**60**	**100.0**

Detailed Interpretation

The table reveals that **22 (36.7%)** participants experienced **mild anxiety**, representing the largest proportion of the sample.
A further **18 (30.0%)** participants experienced moderate anxiety, while **12 (20.0%)** experienced severe anxiety. Only **8 (13.3%)** participants reported no anxiety.
Therefore:

- **52 (86.7%)** participants had some degree of anxiety.
- **30 (50.0%)** had moderate or severe anxiety.
- Only **8 (13.3%)** were free from anxiety.

This indicates a **high prevalence of anxiety symptoms** among the elderly residents studied. The source specifically concludes that nearly 87% of institutionalized elderly participants had some level of anxiety.

Clinical interpretation

The predominance of anxiety may indicate substantial psychological vulnerability among elderly residents living in institutional settings. Factors discussed in the source include **loneliness, chronic illness, loss of independence and separation from family**.

Table 2: Frequency and Percentage Distribution of Elderly Participants According to Depression Level
N = 60

Depression level	Frequency (f)	Percentage (%)
Normal – no depression	10	16.7
Mild depression	20	33.3
Moderate depression	18	30.0
Severe depression	12	20.0
Total	**60**	**100.0**

Detailed Interpretation

The findings show that **20 (33.3%)** participants had mild depression, representing the largest single category.
This was followed by **18 (30.0%)** participants with moderate depression and **12 (20.0%)** with severe depression. Only **10 (16.7%)** participants were within the normal range without depressive symptoms.
Overall:

- **50 (83.3%)** had some degree of depression.
- **30 (50.0%)** had moderate-to-severe depression.
- **12 (20.0%)** had severe depression alone.
- Only **16.7%** were free from depressive symptoms.

The source therefore identifies depression as one of the most prevalent psychiatric morbidities in this population.

Interpretation

The finding that **one-half of the participants had moderate or severe depression** is particularly important. Depression in elderly individuals may adversely affect social functioning, quality of life, motivation, treatment adherence and participation in daily activities.
The source recommends routine depression screening, counselling, group therapy, reminiscence therapy, recreational activities and family involvement. Severe cases may require psychiatric consultation and pharmacological management.

Table 3: Frequency and Percentage Distribution of Elderly Participants According to Cognitive Function/MMSE Scores
N = 60

Cognitive status	MMSE score	Frequency (f)	Percentage (%)
No impairment	24–30	20	33.3
Mild impairment	18–23	18	30.0
Moderate impairment	10–17	12	20.0
Severe impairment	<10	10	16.7
Total		**60**	**100.0**

Detailed Interpretation

The table demonstrates that **20 (33.3%)** elderly participants had no cognitive impairment.

However, **40 (66.7%)** participants demonstrated some degree of cognitive impairment:

- Mild impairment: **18 (30.0%)**
- Moderate impairment: **12 (20.0%)**
- Severe impairment: **10 (16.7%)**

Therefore, approximately **two-thirds of the elderly participants showed cognitive impairment**.

Furthermore, **22 (36.7%)** had moderate or severe cognitive impairment.

The source describes cognitive decline as a major psychiatric morbidity among the institutionalized elderly population.

PHYSICAL MORBIDITY

Table 4: Frequency and Percentage Distribution According to System-wise Physical Morbidity
N = 60

Physical morbidity	Frequency (f)	Percentage (%)
Musculoskeletal disorders	30	50.0
Visual impairment	28	46.7
Hearing impairment	22	36.7
Cardiovascular problems	18	30.0
Gastrointestinal problems	15	25.0
Genitourinary problems	14	23.3
Pulmonary problems	12	20.0
Neurological problems	10	16.7
Extremity problems	8	13.3

Detailed Interpretation

The most prevalent physical morbidity was **musculoskeletal disorders**, affecting **30 (50.0%)** participants.

This was followed by:

1. **Visual impairment – 28 (46.7%)**
2. **Hearing impairment – 22 (36.7%)**
3. **Cardiovascular problems – 18 (30.0%)**
4. **Gastrointestinal problems – 15 (25.0%)**
5. **Genitourinary problems – 14 (23.3%)**
6. **Pulmonary problems – 12 (20.0%)**
7. **Neurological problems – 10 (16.7%)**
8. **Extremity problems – 8 (13.3%)**

The source identifies musculoskeletal disorders and sensory impairments as particularly prominent physical morbidities.

Important observation

The percentages add to more than 100% because the categories represent **different physical conditions and participants could have more than one condition simultaneously**. Hence, the findings indicate a pattern of **multimorbidity** rather than one mutually exclusive diagnosis per participant.

Table 5: Frequency and Percentage Distribution According to ADL Status
N = 60

ADL status	Frequency (f)	Percentage (%)
Independent	25	41.7
Partially dependent	22	36.7
Fully dependent	13	21.6
Total	**60**	**100.0**

Detailed Interpretation

The table shows that **25 (41.7%)** participants were independent in activities of daily living.
However, **22 (36.7%)** were partially dependent and **13 (21.6%)** were fully dependent.
Thus:
Partially dependent + Fully dependent = 22 + 13 = 35 participants
Therefore, **58.3% of participants had some degree of dependency in ADL**.
Only **41.7%** were completely independent.

COMPREHENSIVE SUMMARY OF MAJOR RESULTS

Table 6: Summary of Descriptive Findings

Variable	Major finding	Interpretation
Age	71–75 years: 33.3%	Largest age group
Gender	Male: 55.0%	Slight male predominance
Education	Graduate & above: 25.0%	Highest single educational category
Occupation	Homemaker: 25.0%	Largest occupational group
Income	≥₹6,001: 46.7%	Largest income category
Marital status	Divorced/separated: 40.0%	Largest marital-status group
Family type	Nuclear: 38.3%	Largest family category
Religion	Other religions: 28.3%	Religiously diverse sample
Anxiety	Any anxiety: 86.7%	Very high prevalence
Depression	Any depression: 83.3%	Very high prevalence
Cognitive impairment	Any impairment: 66.7%	Approximately two-thirds affected
Musculoskeletal morbidity	50.0%	Most common physical morbidity
Visual impairment	46.7%	Second most common physical morbidity
Hearing impairment	36.7%	Major sensory morbidity
ADL dependency	58.3%	More than half dependent to some degree

SUMMARY OF HYPOTHESIS TESTING

Table 7: Summary of Hypothesis Testing

Hypothesis	Variables tested	χ^2	df	p-value	Result	Decision
H1	Anxiety × Gender	1.02	3	>0.05	Not significant	Null hypothesis accepted
H2	Depression × Marital status	7.86	9	<0.05	Significant	Research hypothesis accepted
H3	Cognitive impairment × Education	12.34	12	<0.05	Significant	Research hypothesis accepted
H4	Musculoskeletal morbidity × Age	4.56	3	<0.05	Significant	Research hypothesis accepted
H5	ADL × Gender	0.92	2	>0.05	Not significant	Null hypothesis accepted

The source's hypothesis-testing section confirms that **marital status, education and age were significantly associated with depression, cognitive impairment and physical morbidity respectively, whereas gender was not significantly associated with anxiety or ADL status**.

The study involving **60 elderly residents of selected old age homes in Nashik city** demonstrated a substantial burden of psychiatric and physical morbidity.

1. Psychiatric morbidity was highly prevalent.

Anxiety was identified in **86.7%** of participants, while depression was present in **83.3%**. Cognitive impairment was present in **66.7%**. Thus, psychiatric and cognitive problems affected a substantial majority of the elderly participants.

2. Depression was particularly prominent.

Half of the participants had **moderate-to-severe depression**, and the analysis demonstrated a significant association between depression and marital status. Divorced/separated and widowed/widower participants showed substantial levels of moderate-to-severe depression.

3. Cognitive impairment represented an important health concern.

Two-thirds of the participants demonstrated some cognitive impairment. Educational status was significantly associated with cognitive impairment, with the lower-education groups showing higher proportions of moderate-to-severe impairment.

4. Physical morbidity was widespread.

Musculoskeletal disorders were the most common physical morbidity (**50.0%**), followed by visual impairment (**46.7%**) and hearing impairment (**36.7%**). Cardiovascular, gastrointestinal, genitourinary, pulmonary, neurological and extremity problems were also reported.

5. Dependency in daily activities was substantial.

Although 41.7% were independent, **58.3% required some degree of assistance with ADLs**, including 36.7% who were partially dependent and 21.6% who were fully dependent.

6. Important demographic associations were identified.

The inferential analysis established statistically significant associations between:

- **Marital status → Depression**
- **Educational status → Cognitive impairment**
- **Age → Musculoskeletal morbidity**

However, the study did **not** find statistically significant associations between:

- **Gender → Anxiety**
- **Gender → ADL status**

FINAL INTERPRETATION

Overall, the findings establish that elderly residents of the selected old age homes experienced a **high burden of anxiety, depression, cognitive impairment, physical morbidity and functional dependency**. The results further indicate that certain demographic characteristics—particularly **marital status, educational attainment and advancing age**—were significantly associated with selected morbidity outcomes.

The findings support the need for **comprehensive, individualized and multidisciplinary geriatric care**, incorporating mental-health screening, cognitive assessment, physical-health monitoring, rehabilitation, ADL support, psychosocial counselling, social interaction and family/spiritual support where appropriate. The source similarly concludes that risk-based interventions should be combined with universal holistic care for institutionalized elderly residents.

SUMMARY OF FINDINGS

The present study was conducted among **60 elderly residents of selected old age homes in Nashik city** to assess the pattern of psychiatric and physical morbidity and functional status among the elderly. The findings revealed that the largest proportion of participants, **33.3%**, belonged to the **71–75 years** age group, followed by **26.7%** who were aged 76 years and above. Regarding gender, **55.0% were males and 45.0% were females**. In terms of educational status, **25.0% were graduates and above**, while **11.7% had no formal education**. Regarding occupation, the largest proportion (**25.0%**) were homemakers. Nearly half of the participants (**46.7%**) belonged to the income group of ₹6,001 and above. With respect to marital status, **40.0% were divorced/separated**, followed by **25.0% who were married**. Regarding family type, **38.3% belonged to nuclear families**, while the sample represented diverse religious backgrounds.

The findings related to **psychiatric morbidity** showed a high prevalence of anxiety among the elderly participants. **86.7%** had some degree of anxiety, comprising **36.7% with mild anxiety, 30.0% with moderate anxiety, and 20.0% with severe anxiety**, while only **13.3% had no anxiety**. Similarly, depression was highly prevalent, with **83.3%** of participants experiencing some level of depression. Among them, **33.3% had mild depression, 30.0% had moderate depression, and 20.0% had severe depression**, whereas **16.7% were within the normal range**. Cognitive assessment revealed that **66.7%** of participants had some degree of cognitive impairment, including **30.0% with mild impairment, 20.0% with moderate impairment, and 16.7% with severe impairment**, while **33.3% had no cognitive impairment**. These findings indicate a substantial burden of psychological and cognitive problems among institutionalized elderly persons.

The assessment of **physical morbidity** revealed that **musculoskeletal disorders were the most common physical health problem, affecting 50.0%** of the participants, followed by **visual impairment in 46.7%**, **hearing impairment in 36.7%**, and **cardiovascular problems in 30.0%**. Other reported conditions included gastrointestinal problems (**25.0%**), genitourinary problems (**23.3%**), pulmonary problems (**20.0%**), neurological problems (**16.7%**), and extremity problems (**13.3%**). The

findings indicate that the elderly population experienced multiple physical health problems, with musculoskeletal and sensory problems being particularly prominent.

Regarding **activities of daily living (ADL)**, **41.7% of participants were independent**, whereas **36.7% were partially dependent and 21.6% were fully dependent**. Thus, a total of **58.3% of elderly participants had some degree of dependency** in their daily activities. This finding highlights the importance of individualized nursing care, assistance with self-care, mobility support, rehabilitation and measures to maintain independence among institutionalized elderly persons.

The inferential analysis revealed that there was **no statistically significant association between anxiety and gender ($\chi^2 = 1.02$, $p > 0.05$)** and between **ADL status and gender ($\chi^2 = 0.92$, $p > 0.05$)**. However, statistically significant associations were observed between **depression and marital status ($\chi^2 = 7.86$, $p < 0.05$)**, **cognitive impairment and educational status ($\chi^2 = 12.34$, $p < 0.05$)**, and **physical morbidity and age ($\chi^2 = 4.56$, $p < 0.05$)**. Therefore, the findings demonstrate that marital status, educational status and age were important factors associated with selected health outcomes among the elderly, whereas gender did not show a significant relationship with anxiety or ADL status.

In conclusion, the study findings demonstrate a considerable burden of psychiatric morbidity, cognitive impairment, physical morbidity and functional dependency among elderly residents of selected old age homes in Nashik city. The high prevalence of anxiety, depression, cognitive impairment and musculoskeletal and sensory problems emphasizes the need for comprehensive geriatric assessment and multidisciplinary care. The findings support the implementation of regular mental-health screening, cognitive assessment, physical health monitoring, rehabilitation services, ADL assistance, psychosocial counselling, recreational activities and appropriate family and social support to improve the overall health, independence and quality of life of institutionalized elderly persons.

II. ACKNOWLEDGMENT

"I will praise you, Lord my God, with all my heart; I will glorify your name forever." Psalms 86:12 NIV

My most heartfelt gratitude is to THE GOD ALMIGHTY for His blessings and grace for the physical and mental health given to complete the dissertation successfully. Though my name appears on the cover of this dissertation, many people have contributed to its production.

I owe my gratitude to all those people who have made this dissertation possible and because of whom my post graduate experience has been one that I will cherish forever. I am highly obliged to Late, Dr. Bhausaheb Sukhdeo More, Founder, Director SMMPP'S Ganpatrao Adke college of Nursing, Nashik and Mrs. Supriya More Chairperson SMMPP'S Ganpatrao Adke college of nursing Nashik for giving me facility for undertaking and complete the project.

I express my sincere gratitude to honorable General secretory, Mr. Prakash Pandya, Deputy Director, Sukhdeo More- patil Pratishthan'S Ganpatrao Adke college of Nursing Nashik, for granting me the permission to conduct this study. I pay my deep sense of gratitude to Mrs. Nutan Kumari, Principal, Sukhdeo Mahipat Morey - Patil Pratishthan's Ganpatrao Adke college of nursing, for his guidance and constant supervision as well as for providing necessary information regarding the study & also for her support in completing the study. My deepest gratitude is to my guide, Associate Prof. Mrs Sunita Chalse Ganpatrao Adke college of nursing,

I have been amazingly fortunate to have a guide who gave me the freedom to explore on my own and at the same time the guidance to recover when my steps faltered. His patience and support helped me overcome many crisis situations and finish this dissertation. I express my gratefulness and heartfelt thanks to Mr. Vijay More Department of bio- statistics for his support and guidance and for the statistical analysis of my study.

I am very grateful and thankful to all head of the department and all faculty members Ganpatrao Adke college of nursing, for their insightful comments and constructive criticisms at different stages of my research which were thought- provoking and they helped me to focus on my ideas.

My special thanks to all the subject experts who had contributed with their valuable suggestions in validating my tool and proper correction. I Would Like to thank to Mr.Raghavendra N.S Cmmunity nursing Associate Professor Mrs Ashiya Shaikh Obstetrics and Gynecology Associate Professor, Mrs Mandakini Khemnar Assistant Professor Mental health and psychiatric Nursing. Mr Vishal Adbale, Assistant Professor Mental Health Psychiatric Nursing.

It is my privilege to conveyed my Sincere Gratitude Thanks to my classmate and friends Who have in some way Or the other helped me in making this study a successful ones. Most importantly, none of this would have been possible without the love and patience of my parents, Mr. Rajhans Garse and Mrs. Kavita Garse. They have been a constant source of love, concern, support and strength all these years.

I would like to express my heart-felt gratitude to each and every member of my family. Finally, I render my deep sense of gratitude to all others who have helpe

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