CHAPTER 4
DATA ANALYSIS AND INTERPRETATION

4.1 Quantitative Data Analysis

4.1.1 Data of Government Senior Care Home.
4.1.1.1 Profile of the residents
4.1.1.2 Reason for Reaching the Senior Care Home
4.1.1.3 Psychological Wellbeing

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4.1.2.3 Psychological Wellbeing

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4.3 Hypothesis Testing
Introduction

The present study was aimed at assessing the effectiveness of intervention programmes on psychological wellbeing of the residents in Private and Government Senior Care Home. The study was conceived of incorporating the characteristics of Single Subject Research Design and the primary task of the researcher was to ensure the equality of the respondents as the study follows Case Work Method of Social Work Practice. Social Case Work is a primary method of Social Work, related to psychosocial problem. It consists of the study of mental emotional and social factor. The practice of Case work is a humanistic attempt for helping people who have difficulties in coping with the problems of daily living. It is one of the direct methods of social work which uses the case by case approach for dealing with individuals or families as regard their problems of social functioning.

Analysis of Data of the current study was organized and presented in three sections. The first section was on the Quantitative data analysis, second section on the case work process and the third section is the hypothesis testing. The first section has two sub sections- data of the government senior care home and the data of private senior care home. The mentioned below is a brief on the construct of this chapter:

4.1 Quantitative Data Analysis

4.1.1 Data of Government Senior Care Home.

4.1.1.1 Presentation of Socio demographic Profile

In this section, the socio demographic determinants of the sample respondents are examined. The information include: age, former place of residence, economic status, marital status, educational status, former occupation.

4.1.1.2 Reason for Reaching the Senior Care Home

The reason behind the admission of the residents to the Care Home is sought. The information included having saving, former place of residence, reason for leaving home, information about care home and person who bring to care home.
4.1.1.3 Psychological Wellbeing

The psychological wellbeing of the residents of the senior care home is measured using the Carol Ryff’s Scale on Psychological Wellbeing. The determinants included Autonomy, Environmental Mastery, Personal Growth, Purpose in Life, Positive Relation with others and Self Acceptance.

4.1.2 Data of Private Senior Care Home

4.1.2.1 Presentation of Socio demographic Profile

In this section, the socio demographic determinants of the sample respondents are examined. The information include: age, former place of residence, economic status, marital status, educational status, former occupation.

4.1.2.2 Reason for Reaching the Senior Care Home

The reason behind the admission of the residents to the Care Home is sought. The information included having saving, former place of residence, reason for leaving home, information about care home and person who bring to care home.

4.1.2.3 Psychological Wellbeing

The psychological wellbeing of the residents of the senior care home is measured using the Carol Ryff’s Scale on Psychological Wellbeing. The determinants included Autonomy, Environmental Mastery, Personal Growth, Purpose in Life, Positive Relation with others and Self Acceptance.

4.2 Case Work Process

The intervention process is provided to the respondents in the Case Work process and the detailed description of each respondent was given in this section. There were altogether 24 cases- 12 cases from the government care home and another 12 from the private care home.

4.3 Hypothesis Testing

The hypothesis proposed for the conduct of the study was tested and analyzed.
4.1 Quantitative Data Analysis

4.1.1 The Government Senior Care Home

The government senior care home selected for the present study was Government Old Age Home, Peruman, Kollam. The care home was working under the Social Welfare Department of the government of Kerala. The home has a Superintendent and the District Social Welfare Officer was the person in charge of the working of the care home. There were 65 residents in the care home. After the inclusion-exclusion criteria, 42 residents were identified. The respondents for the study were selected using systematic random sampling and a total of 24 respondents were selected from which 12 were female and 12 were male. The data was collected prior to the intervention and another set of information were collected from the respondents after the intervention being given to the respondents. The demographic details were collected prior to the intervention and the mental status examination of each respondent was taken before the intervention being provided to the respondent.

4.1.1.1 Socio demographic Profile of the residents

The analysis of the personal profile of the residents in senior care home run by the government bodies showed the following results. The respondents were selected in such a way that 12 female and 12 male were selected for the present study in order to ensure the participation of both the groups. The variables like the age, sex, marital status, former place of residence, economic status, education, former occupation, etc were included in the profile of the respondents. The questions were closed ended apart from the age. All the questions were asked once to the respondents and the answers were sought. The table 4.1 shows the result of the socio demographic profile of the respondents in the government senior care home.
### Table: 4.1 Profile of the Residents (Government)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Cumulative Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>7</td>
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<td>62</td>
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<td></td>
</tr>
<tr>
<td>63</td>
<td>4</td>
<td>16.7</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>64</td>
<td>4</td>
<td>16.7</td>
<td>91.7</td>
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</tr>
<tr>
<td>65</td>
<td>2</td>
<td>8.3</td>
<td>100</td>
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</tr>
<tr>
<td><strong>Former Place of Residence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>12</td>
<td>50.0</td>
<td>50.0</td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>12</td>
<td>50.0</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td><strong>Economic Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>10</td>
<td>41.7</td>
<td>41.7</td>
<td></td>
</tr>
<tr>
<td>Middle</td>
<td>8</td>
<td>33.3</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>High</td>
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<td>25</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>6</td>
<td>25.0</td>
<td>25.0</td>
<td></td>
</tr>
<tr>
<td>Unmarried</td>
<td>4</td>
<td>16.7</td>
<td>41.7</td>
<td></td>
</tr>
<tr>
<td>Widow/Widower</td>
<td>8</td>
<td>33.3</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Separated</td>
<td>6</td>
<td>25</td>
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<tr>
<td><strong>Educational Status</strong></td>
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<td></td>
</tr>
<tr>
<td>Secondary</td>
<td>8</td>
<td>33.3</td>
<td>33.3</td>
<td></td>
</tr>
<tr>
<td>SSC/L</td>
<td>8</td>
<td>33.3</td>
<td>66.7</td>
<td></td>
</tr>
<tr>
<td>UG/PG</td>
<td>7</td>
<td>29.2</td>
<td>95.8</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>1</td>
<td>4.2</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td><strong>Former Occupation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td>15</td>
<td>62.5</td>
<td>62.5</td>
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</tr>
<tr>
<td>Government</td>
<td>8</td>
<td>33.3</td>
<td>95.8</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>4.2</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
The profile of the residents in the care home showed that the residents were more from the rural area than the urban area. The average age of the respondents was 62 years. In the present study 50% of the respondents were from the rural background. The economic status of the respondents showed that the majority in government senior care home were from a low economic background. 41.7% was from a low economic condition, where 33.3% was from Middle Income Group and the rest 25% was from a high income group. The study results showed that the 33.33% of the respondents were Widow/Widower and they stated the same as the reason for their family not taking care of them. 16.7% were Unmarried and they were of the opinion that they failed to get marry living for their family members and were in last left in the care homes. Another 25% were married where the lost of the spouse was their reason for leaving the house. Rest 25% of the respondents had their spouse still alive. 33.3% comprised to the SSLC and Secondary level education. All the respondents had acquired basic education and surprisingly 29.2% of the respondents were highly educated –UG/PG and 4.2% were having professional education. In the present study 62.5% of the respondents were employed in Private. 33.3% had Government employment and 4.2% in other areas of employment. None of the respondents were self employed.

4.1.1.2 Reason for Reaching the Senior Care Home (Government Care Home)

The senior citizens in the Care Home had several reasons for coming to the Care Home. The researcher tried to find out the reasons behind the admission of the residents to the care homes. The aspect included the reasons like financial insecurity, no one to take care of, physical problems, death of spouse, family migration, quarrels at home and so on. The researcher also tried to identify the source of information of the residents regarding the care home and also the person who took them to the care home. The source of information included family, relatives, friends and media. Police were also considered as people who bring the elderly to the care home as there were news reports and literatures about the intervention of the police in bringing the destitute elderly to the care homes.
**Table 4.1.2: Reason for Reaching the Care Home (Government)**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Cumulative Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having Saving</td>
<td>Yes</td>
<td>7</td>
<td>29.2</td>
<td>33.3</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>17</td>
<td>70.8</td>
<td>100</td>
</tr>
<tr>
<td>Former Place of Residence</td>
<td>With Family</td>
<td>11</td>
<td>45.8</td>
<td>45.8</td>
</tr>
<tr>
<td></td>
<td>With Relatives</td>
<td>11</td>
<td>45.8</td>
<td>91.7</td>
</tr>
<tr>
<td></td>
<td>Alone</td>
<td>2</td>
<td>8.3</td>
<td>100</td>
</tr>
<tr>
<td>Reason for Leaving Home</td>
<td>Death of Spouse</td>
<td>6</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Quarrels &amp;</td>
<td>9</td>
<td>37.5</td>
<td>62.5</td>
</tr>
<tr>
<td></td>
<td>Problems at</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family Migration</td>
<td>8</td>
<td>33.3</td>
<td>95.8</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>1</td>
<td>4.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Information about Care</td>
<td>Family</td>
<td>10</td>
<td>41.7</td>
<td>41.7</td>
</tr>
<tr>
<td>Home</td>
<td>Relatives</td>
<td>8</td>
<td>33.3</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Friends</td>
<td>3</td>
<td>12.5</td>
<td>87.5</td>
</tr>
<tr>
<td></td>
<td>Media</td>
<td>3</td>
<td>12.5</td>
<td>100</td>
</tr>
<tr>
<td>Person Who Bring to Care</td>
<td>Family member</td>
<td>11</td>
<td>45.8</td>
<td>45.8</td>
</tr>
<tr>
<td>Home</td>
<td>Relatives</td>
<td>2</td>
<td>8.33</td>
<td>54.16</td>
</tr>
<tr>
<td></td>
<td>Friends</td>
<td>1</td>
<td>4.17</td>
<td>58.33</td>
</tr>
<tr>
<td></td>
<td>Police</td>
<td>6</td>
<td>25</td>
<td>83.33</td>
</tr>
<tr>
<td></td>
<td>Public</td>
<td>4</td>
<td>16.67</td>
<td>100</td>
</tr>
</tbody>
</table>
The study tried to identify the reasons for the respondents to reach the Care Home. 70.8% of the respondents did not have any sort of saving. Only 29.2% of the respondents have the saving. They were of the opinion that they are saving money for their funeral and medical care during their final stages. 45.8% of the respondents were staying with their family. 45.8% were staying with their relatives and rests were staying alone before they reach the Care Home. The reasons for 25% of the residents in senior care home were death of Spouse and 33.3% was family Migration. 37.5% reached the senior care home was the quarrels and Problems at the Family. 41.7% of the respondents came to know about the senior care home from their family and 33.3% from their own relatives. 12.5% came to know about the care home from media which showed that the government has succeeded in reaching out to the public in the awareness creation about the government care homes. 12.5% came to know about the care home from their friends. 8.3% came to know about the care home from other source which was the Police. As an isolated individual, they were brought to the care home by the police. For 45.8% of the residents, they were brought to the care home by the family members. 8.33% were taken to the care home by the relative and 4.17% by the friends. 25% of the residents were brought to the care home by the Police and another 16.67% were brought to care home by the intervention of the public.

4.1.1.3 Psychological wellbeing of the Residents in Senior Care Home (Pre Intervention)

The psychological wellbeing of the residents in senior care home is analyzed using Carol Ryff’s scale on Psychological wellbeing. It has six variables namely Autonomy, Environmental Mastery, Personal Growth, Purpose in Life, Positive Relation with others and Self Acceptance. Every variable has 14 questions which was in a 6 point format: strongly disagree, moderately disagree, slightly disagree, slightly Agree, moderately agree and strongly agree.
4. 1.3.1 Autonomy

Autonomy is one of the components of Psychological wellbeing in which one is self determining and independent; able to resist and act in certain ways, regulates behavior from within and evaluates self by personal standards.

Table 4.1.3: Autonomy (Government)

<table>
<thead>
<tr>
<th>Levels</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td>8</td>
<td>33.3</td>
<td>33.3</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>10</td>
<td>41.7</td>
<td>75.0</td>
</tr>
<tr>
<td>HIGH</td>
<td>6</td>
<td>25.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

The autonomy of the residents was analyzed with 14 questions. The maximum score expected for the autonomy is 84 and the minimum score is 14. The levels of the autonomy are identified by calculating the quartiles. The person who is below the 30.33 is having low level of autonomy and the scores between 30.33 and 32 is having medium autonomy and above 32 has high level of autonomy.

33.3% of the residents in the senior care home possess a low level of autonomy. 41.7% of the residents in the Government care home have a medium autonomy and the rest 25% have a high autonomy.

The study result showed that the autonomy of the residents in government care home is low which need the attention of the government and the care takers. The result can be interpreted as the residents are concerned about the expectations and
evaluations of others; relies on judgments of others to make important decisions, conforms to social pressure to think and act in certain ways.

4. 1.1.3.2 Environmental Mastery

Another component of the Psychological wellbeing is Environmental Mastery in which one has a sense of mastery and competence in managing the environment; controls complex array of external activities; makes effective use of surrounding opportunities; able to choose or create contexts suitable to personal needs and values.

The scores above 33 is having high environmental mastery; between 30 and 33 has medium level environmental mastery and below 30 has low environmental mastery.

The study results showed that 41.7% of the residents in the senior care home had a low level of environmental mastery. 33.3% of the residents had medium and another 25% had a high level of environmental mastery.
Data Analysis and Interpretation

The result showed that the majority has a difficulty in managing the everyday affairs. They feel unable to change or improve surrounding context and is unaware of surrounding opportunities. The majority lack sense of control over the external world.

4.1.1.3.3 Personal Growth

Personal Growth involves feeling of continued development, seeing one’s self as growing and expanding being open to new experiences, having the sense that one’s potential is being realized, seeing improvement in self and behavior over time, and being able to change in ways that reflect more self knowledge and effectiveness.

By analyzing the scores of respondents using the quartiles, the scores below 31 are having low personal growth, scores between 43 and 31 has medium level of personal growth and scores above 43 has high level of personal growth.

The study results showed that the majority (50%) of the residents had a low personal Growth and rest 25% had a medium level of Personal Growth and a High Level respectively.

Majority of the residents in Government Senior Care Home has a sense of personal stagnation. They lacked sense of improvement or expansion over time. They
felt bored and uninterested with life. They felt that they are unable to develop new attitudes or behavior.

4.1.1.3.4 Positive Relation with Others

Positive relation with Others is an important component of Psychological wellbeing in which one has warm, satisfying trusting relationships with others, shows concern for the welfare of others and is capable of strong empathy, affection and intimacy and understands the give and take human relationship.

Table 4.1.1: Positive Relation with Others (Government)

<table>
<thead>
<tr>
<th>Level</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td>8</td>
<td>33.3</td>
<td>33.3</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>6</td>
<td>25.0</td>
<td>58.3</td>
</tr>
<tr>
<td>HIGH</td>
<td>10</td>
<td>41.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

The positive relation with others was defined as the respondents below the score of 33.33 are having low scores of positive relation and between 35 and 33.33 are having medium scores of positive relation and those below the scores of 35 are having high score of positive relation with others.

The study results showed that the 33.3% of the residents in Government Care Home had a low Personal Relation with the others. 25% of the residents had a very high warm and intimate relation with the fellow residents and also with their care takers, where another 41.7% had a medium level of affection in their relationship with others. The rest which comes around the half of the residents have a low relationship.
The result indicated that the residents had few close, trusting relationships with others. They found it difficult to be warm, open and concerned about others. Most of them were isolated and frustrated in interpersonal relationships. They were not willing to make compromise to sustain important ties with others.

4.1.1.3.5 Purpose in Life

Another component of psychological wellbeing is the Purpose in life which means that the person have goals in life and a sense of directedness. The person feel there is a meaning in ones present and past life, holding beliefs that give life purposes and having aims and objectives for living.

<table>
<thead>
<tr>
<th>Level</th>
<th>Frequency</th>
<th>Percent</th>
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<tbody>
<tr>
<td>LOW</td>
<td>8</td>
<td>33.3</td>
<td>33.3</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>10</td>
<td>41.7</td>
<td>75.0</td>
</tr>
<tr>
<td>HIGH</td>
<td>6</td>
<td>25.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

The respondents with scores below 33.33 are having low level of purpose of life and those with above 35 have high level of purpose in life.

The majority ie, 33.3% of the residents were having a low level of Purpose in Life. Another 41.7% of the residents were medium scorer in purpose of life, while the rest 25% were high scorers in the component- purpose of life.
Data Analysis and Interpretation

The majority of the residents in the care home lacked a sense of meaning in life. They had few goals or aims. They lacked the sense of direction and did not see purpose of past life. They had no outlook or beliefs that give life a meaning.

4.1.1.3.6 Self Acceptance

Self acceptance is the component in which the person have a positive attitude towards one’s self, acknowledging and accepting one’s good and bad qualities, and feeling positive about one’s past life.

![Self Acceptance level](image)

Figure 4.1.3: Self Acceptance (Government)

The respondents with scores below 33 are having low self acceptance. Those with the scores between the 33 and 35 are having medium level of self acceptance and those above 35 are having high level of Self Acceptance.

The 41.7% of the residents in care home had a low self acceptance. The 29.2% of the residents had a higher self acceptance and the rest 29.2% had a medium level of self acceptance.
Data Analysis and Interpretation

The majority of the residents in Government care Home felt dissatisfied with self. The residents were disappointed with what has occurred in past life. They were troubled about certain personal qualities and wished to be different than what he or she was.

4.1.1.3.7 Psychological Wellbeing

The total score of all the six components contributed to the psychological wellbeing. Thus the psychological wellbeing is the sum of scores of Autonomy, Environmental Mastery, Personal Growth, and Positive Relation with Others, Purpose in Life and Self Acceptance.

![Psychological Wellbeing](image)

Figure 4.1.4: Psychological Wellbeing (Government)

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
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<td>8</td>
<td>33.3</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>8</td>
<td>33.3</td>
</tr>
<tr>
<td>HIGH</td>
<td>8</td>
<td>33.3</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4.1.6: Psychological Wellbeing (Government)
The maximum expected score of the psychological wellbeing from all the six dimensions comes around 504 and the lowest expected score is 84. There were 84 statements with 6 answers.

Thus the result of data provided that the 33.3% of the residents in senior care home are having low, medium and high scores of psychological wellbeing. The results showed considerably less number of residents in the care home possess a fine Psychological wellbeing. The psychological wellbeing covers all the aspects like autonomy, mastery over ones environment, personal growth, and meaningful relation with others, self acceptance and the purpose of life. Any obscurity to any component affects the overall wellbeing of the respondent. Thus the government should come up with the programmes and activities to make the life of the elderly brighter and full of happiness.

4.1.2 The Private Senior Care Home

As the government care home was selected from the Kollam district through lottery method, the researcher used the purposive sampling to select the private care home also from the same district in order to avoid the cultural differences if any. Thus from the list of Help Age India approved care homes in the Kollam district, one home is selected using lottery method. After considering all the inclusion and exclusion criteria, a final list of the respondents of the care home was prepared and the list contained 29 residents. Among these 29 residents, 12 male and 12 female residents were selected using simple random sampling.

4.1.2.1 Socio demographic Profile of the residents

The Table 4.1.7 showed the data of the socio demographic profile of the residents of the private senior care home. The socio demographic profile was collected in order to understand the nature and the status of the elderly in the private care home. The data included age, former place of residence, economic status, marital status, educational status and former employment.
Table: 4.1.7 Profile of the Residents (Private)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Cumulative Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>61</td>
<td>19</td>
<td>79.17</td>
<td></td>
</tr>
<tr>
<td></td>
<td>62</td>
<td>3</td>
<td>12.5</td>
<td>91.67</td>
</tr>
<tr>
<td></td>
<td>63</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>64</td>
<td>2</td>
<td>8.33</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>65</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Former Place of Residence</td>
<td>Urban</td>
<td>20</td>
<td>83.33</td>
<td>83.33</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>4</td>
<td>16.67</td>
<td>100</td>
</tr>
<tr>
<td>Economic Status</td>
<td>Low</td>
<td>6</td>
<td>25</td>
<td>25.0</td>
</tr>
<tr>
<td></td>
<td>Middle</td>
<td>6</td>
<td>25</td>
<td>50.0</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>12</td>
<td>50</td>
<td>100.0</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Married</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Unmarried</td>
<td>2</td>
<td>8.33</td>
<td>8.33</td>
</tr>
<tr>
<td></td>
<td>Widow/Widower</td>
<td>16</td>
<td>66.67</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Separated</td>
<td>6</td>
<td>25</td>
<td>100.0</td>
</tr>
<tr>
<td>Educational Status</td>
<td>Secondary</td>
<td>8</td>
<td>33.3</td>
<td>33.3</td>
</tr>
<tr>
<td></td>
<td>SSLC</td>
<td>8</td>
<td>33.3</td>
<td>66.7</td>
</tr>
<tr>
<td></td>
<td>UG/PG</td>
<td>7</td>
<td>29.2</td>
<td>95.8</td>
</tr>
<tr>
<td></td>
<td>Others</td>
<td>1</td>
<td>4.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Former Occupation</td>
<td>Private</td>
<td>14</td>
<td>58.33</td>
<td>58.33</td>
</tr>
<tr>
<td></td>
<td>Government</td>
<td>9</td>
<td>37.5</td>
<td>95.8</td>
</tr>
<tr>
<td></td>
<td>Other/No Occupation</td>
<td>1</td>
<td>4.2</td>
<td>100.0</td>
</tr>
</tbody>
</table>
The profile of the residents showed that more residents were from younger age. 19 of the total 24 respondents fall to the age group of 61. The average age of the respondents was 61.3 years. In the present study 83.33% of the respondents were from the urban background, only another 16.67 respondents are from a rural background. The economic status of the respondents showed that the majority in private senior care home were from a high economic background. 25% was from a low economic condition, where 25% was from Middle Income Group and the rest 50% was from a high income group. The study results showed that the 66.67% of the respondents were Widow/Widower and they stated the same as the reason for their family not taking care of them. 8.33% were Unmarried and they were of the opinion that they failed to get marry living for their family members and were in last left in the care homes. Another 25% were married and separated for various reasons. Rest 25% of the respondents had their spouse still alive. 33.3% comprised to the SSLC and Secondary level education. All the respondents had acquired basic education and surprisingly 29.2% of the respondents were highly educated –UG/PG and 4.2% were having professional education. In the present study 58.33% of the respondents were employed in Private. 37.5% had Government employment and 4.2% in other areas of employment.

4.1.2.2 Reason for Reaching the Senior Care Home (Private Care Home)

The reasons for the residents to reach the care home were analyzed. All the questions were close-ended. The reasons were varied and included the death of Spouse, Quarrels and Problems at family, Family Migration and so on. Also the saving capacity of the elderly was also assessed. The researcher tried to find out whether the elderly is having a saving for their future life. The main purpose of analyzing the reason to reach the care hoe was to understand the situations that act behind the psychological wellbeing of the respondents and also to derive at the basic family and past life of the residents in the care home.
Table 4.1.8: Reason for Reaching the Care Home (Private)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Cumulative Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having Saving</td>
<td>Yes</td>
<td>4</td>
<td>16.67</td>
<td>16.67</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>20</td>
<td>83.33</td>
<td>100</td>
</tr>
<tr>
<td>Former Place of Residence</td>
<td>With Family</td>
<td>11</td>
<td>45.8</td>
<td>45.8</td>
</tr>
<tr>
<td></td>
<td>With Relatives</td>
<td>11</td>
<td>45.8</td>
<td>91.7</td>
</tr>
<tr>
<td></td>
<td>Alone</td>
<td>2</td>
<td>8.3</td>
<td>100</td>
</tr>
<tr>
<td>Reason for Leaving Home</td>
<td>Death of Spouse</td>
<td>12</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Quarrels &amp; Problems at family</td>
<td>6</td>
<td>25</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Family Migration</td>
<td>4</td>
<td>16.67</td>
<td>91.67</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>2</td>
<td>8.33</td>
<td>100.0</td>
</tr>
<tr>
<td>Information about Care Home</td>
<td>Family</td>
<td>12</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Relatives</td>
<td>6</td>
<td>25</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Friends</td>
<td>1</td>
<td>4.17</td>
<td>79.17</td>
</tr>
<tr>
<td></td>
<td>Media</td>
<td>5</td>
<td>20.83</td>
<td>100</td>
</tr>
<tr>
<td>Person Who Bring to Care Home</td>
<td>Family member</td>
<td>11</td>
<td>45.83</td>
<td>45.83</td>
</tr>
<tr>
<td></td>
<td>Relatives</td>
<td>3</td>
<td>12.5</td>
<td>58.33</td>
</tr>
<tr>
<td></td>
<td>Friends</td>
<td>4</td>
<td>16.67</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Police</td>
<td>6</td>
<td>25</td>
<td>100</td>
</tr>
</tbody>
</table>
The Table 4.1.8 showed the reason for the elderly to reach the care home. The researcher tried to analyze the financial security of the respondent and found that the majority of the residents did not have any financial security. 83.33% does not have any sorts of savings.

45.8% of the respondents were staying with their family. 45.8% were staying with their relatives and rests were staying alone before they reach the Care Home. The reasons for 50% of the residents in senior care home were death of Spouse and 16.67% was family Migration. 25% reached the senior care home was the quarrels and Problems at the Family. 50% of the respondents came to know about the senior care home from their family and 25% from their own relatives. By relatives, most of the respondents meant the family of their daughter-in-law or son-in-law. 20.83% came to know about the care home from media. This shows that the private care homes are reaching to the public than the government homes. 25% came to know about the care home from other source which was the Police. Either as an isolated individual or as a solution to the family disputes taken to the police, they were brought to the care home by the police. When the family dispute occurs and the case was taken to the police, as a recommendation of settlement, the police asked the family to take the senior citizen to the care home. For 45.8% of the residents, they were brought to the care home by the family members. 12.5% were taken to the care home by the relative and 16.7% by the friends.

4.1.2.3 Psychological wellbeing of the Residents in Private Senior Care Home (Pre Intervention)

The psychological wellbeing of the residents in senior care home is analyzed using Carol Ryff’s scale on Psychological wellbeing. It has six variables namely Autonomy, Environmental Mastery, Personal Growth, Purpose in Life, Positive Relation with others and Self Acceptance. Every variable has 14 questions which was in a 6 point format: strongly disagree, moderately disagree, slightly disagree, slightly Agree, moderately agree and strongly agree.
Data Analysis and Interpretation

4.1.2.3.1 Autonomy

Autonomy is a major component of Psychological wellbeing. 14 statements were used to analyse the autonomy of the residents.

*Table 4.1.9: Autonomy (Private)*

<table>
<thead>
<tr>
<th>Levels</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td>10</td>
<td>41.67</td>
<td>41.67</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>12</td>
<td>50</td>
<td>91.67</td>
</tr>
<tr>
<td>HIGH</td>
<td>2</td>
<td>8.33</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

41.67% of the residents in the private senior care home had a low level of autonomy. 50% of the residents in the care home have a medium autonomy and the rest 8.33% have a high autonomy.

The study result showed that the autonomy of the residents in private care home is low. The result can be interpreted as the residents are concerned about the expectations and evaluations of others; relies on judgments of others to make important decisions, conforms to social pressure to think and act in certain ways.

4.1.2.3.2 Environmental Mastery

Another component of the Psychological wellbeing is Environmental Mastery in which one has a sense of mastery and competence in managing the environment; controls complex array of external activities; makes effective use of surrounding...
opportunities; able to choose or create contexts suitable to personal needs and values. By the environmental mastery, the researcher tried to analyze how the respondent interacted with his fellow being and also with the management and also how well can the respondent could create and maintain relationship with others.

<table>
<thead>
<tr>
<th>Levels</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td>11</td>
<td>45.83</td>
<td></td>
</tr>
<tr>
<td>MEDIUM</td>
<td>12</td>
<td>50</td>
<td>95.83</td>
</tr>
<tr>
<td>HIGH</td>
<td>1</td>
<td>4.17</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

The table 4.1.10 showed the scores of the environmental mastery of the residents of the care home. The result showed that the 45.83% of the respondents have a low level of environmental mastery and a 50% have a medium environmental mastery.

The result showed that the majority has a difficulty in managing the everyday affairs. They feel unable to change or improve surrounding context and is unaware of surrounding opportunities. The majority lack sense of control over the external world.

4.1.2.3.3 Personal Growth

Personal Growth involves feeling of continued development, seeing one’s self as growing and expanding being open to new experiences, having the sense that one’s
potential is being realized, seeing improvement in self and behavior over time, and being able to change in ways that reflect more self knowledge and effectiveness.

By analyzing Figure 4.1.5 for the scores of respondents using the quartiles, the scores below 29 are having low personal growth, scores between 30 and 34 has medium level of personal growth and scores above 35 has high level of personal growth.

The study results showed that the majority (50%) of the residents had a medium personal Growth and rest 33% had a low level of Personal Growth and 17% had a High Level respectively.

Majority of the residents in Government Senior Care Home has a sense of personal stagnation. They lacked sense of improvement or expansion over time. They felt bored and uninterested with life. They felt that they are unable to develop new attitudes or behavior.
Data Analysis and Interpretation

4.1.2.3.4 Positive Relation with Others

Positive relation with Others is an important component of Psychological wellbeing in which one has warm, satisfying trusting relationships with others, shows concern for the welfare of others and is capable of strong empathy, affection and intimacy and understands the give and take human relationship.

![Positive Relation with Others](image)

Figure 4.1.6: Positive Relation with others (Private)

The study results showed that the 33.3% of the residents in Government Care Home had a low Personal Relation with the others. 21% of the residents had a very high warm and intimate relation with the fellow residents and also with their care takers, where another 46% had a medium level of affection in their relationship with others. The rest which comes around the half of the residents have a low relationship.

The result indicated that the residents had few close, trusting relationships with others. They found it difficult to be warm, open and concerned about others. Most of them were isolated and frustrated in interpersonal relationships. They were not willing to make compromise to sustain important ties with others.
4.1.2.3.5 Purpose in Life

Another component of psychological wellbeing is the Purpose in life which means that the person have goals in life and a sense of directedness. The person feel there is a meaning in ones present and past life, holding beliefs that give life purposes and having aims and objectives for living.

*Table 4.1.11: Purpose in Life (Private)*

<table>
<thead>
<tr>
<th>Level</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td>8</td>
<td>33.3</td>
<td>33.3</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>10</td>
<td>41.7</td>
<td>75.0</td>
</tr>
<tr>
<td>HIGH</td>
<td>6</td>
<td>25.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

The majority ie, 33.3% of the residents were having a low level of Purpose in Life. Another 41.7% of the residents were medium scorer in purpose of life, while the rest 25% were high scorers in the component- purpose of life.

The majority of the residents in the care home lacked a sense of meaning in life. They had few goals or aims. They lacked the sense of direction and did not see purpose of past life. They had no outlook or beliefs that give life a meaning.
Data Analysis and Interpretation

4.1.2.3.6 Self Acceptance

Self acceptance is the component in which the person have a positive attitude towards one’s self, acknowledging and accepting one’s good and bad qualities, and feeling positive about one’s past life.

![Self Acceptance Graph](image)

**Figure 4.1.7: Self Acceptance (Private)**

The 33.3% of the residents in care home had a medium self acceptance. The 20.83% of the residents had a higher self acceptance and the rest 45.83% had a medium level of self acceptance.

The majority of the residents in Government care Home felt dissatisfied with self. The residents were disappointed with what has occurred in past life. They were troubled about certain personal qualities and wished to be different than what he or she was.

4.2 Case Work Process

The Case work process for the intervention programme is explained in detail in this section. The details of the client and the process involved of all the 24 cases- 12 from Government and 12 from the Private Care home is explained here. Each variable
Data Analysis and Interpretation

has 2 cases from Private and Government Care Home and altogether it is 4 cases for a variable. The personal details, health condition, family tree (Annexure:6 for detailed explanation of family tree), pre admission life, pre intervention data obtained, the case work process and also the details of the result of the intervention with line graph of each case showing the change in scores before and after the intervention process.

The Case Work Process is divided into two sections- Government and Private.

4.2.1 Government Care Home

4.2.1.1 Autonomy

Details of the respondent
Name: Ms. K
Age: 61
Sex: Female
Former Place of Residence: Urban
Economic Status: High
Marital Status: Separated
Education: UG/PG
Former Occupation: Government

Health Conditions

The respondent’s health condition did not show any serious illnesses. The respondent had the complaint of Cholesterol and Diabetes. She is a diabetic patient from 2004 and had a minor surgery for removing Uterus in 2007. She had reached the Care Home in the year 2009 four months after the surgery. She is wearing Spectacles of power 1.2 from the year 2001 and other capabilities were intact and no other serious illness found.
Data Analysis and Interpretation

Family Tree

![Family Tree Diagram]

Figure 4.2.1: Family Tree (Case 1)

Pre-Admission Life

Before coming to the Senior Care Home, the respondent was living with his family. She was having a Government Job and she retired from the Post. She approached the Care Home after her children migrated to their job place. She has three children among one is a daughter. Both the sons were married and were living with their family. The husband has deserted the respondent when the younger son was in 1st Standard. After that she struggled hard to find a living. She was appointed as a contract worker in the Village Office and later was claimed for the post aroused and hence received the job. The respondent was living with the younger son. When he received a job in Mumbai and took the family to there, he left the respondent in the home of her brother. From there she came to the Care home. His relatives introduced her to the Care home and she received the information about the Care Home from the Friends whom she met in the Hospital during Surgery. At the time of Surgery, she was admitted in the hospital and there were no one to take care of her. From there she was introduced about the Home and She decided to stay the Care Home soon after she is discharged.

Pre Intervention Data Obtained:

A baseline data collected from the respondent on the Autonomy based on 14 item questionnaire and is asses to obtain the total score of Autonomy. The score of Autonomy of the respondent was found to be 29. The researcher could conclude that the Autonomy level of the respondent was LOW.
Data Analysis and Interpretation

The researcher discussed with the respondents and the summary of the information were as follows:

- The respondent led a life depending much on her children. She lacked the confidence to do things by her own decision. When her younger son was 1 year old, her husband left her. At that time, her elder son was studying in 8th Standard. Since then, her elder son took decisions on her behalf.

- She depended on her son for all the decisions in her life. She never took an independent decision and always hides behind the saying that she is giving responsibility to her children.

- Her family life was not a successful one. After the birth of three children, her husband left her and she could not resist the leaving of her husband.

- Since she is for a high class, and was well settled with the Government job, she had her family members and friends to rely on. Always the friends and family members were there to take decisions and also to guide her in her way.

- On her behalf, most of the decisions were taken by her colleagues. She saved herself away from any issues that were controversial.

- She even didn’t have a voice in the marriages of her children. Her elder son was married to a rich girl whose father was always keen in the affairs of the respondent’s family. Even the father-in-law of his elder son took the decision about the marriage of her daughter and younger son. Her daughter was married to a Businessman whose business failed after the birth of her grandson. There were severe problems in the family of her daughter and later she gave all her savings from job to them to help them from debts.

- This act made her elder son and the younger son against her and she was like a servant in the house of her younger son after that. Her
daughter also didn’t take care of her even after the problems are resolved.

**Inference**

It was understood that the respondent faced the problem of low Autonomy in her family and employment life. She judged her own way of thinking and the decisions were strongly influenced by the people with whom she is attached.

**Average Score of Autonomy of the respondent**

![Graph showing Autonomy scores](image-url)

Figure 4.2.2: Pre Intervention score of Autonomy of Case 1

**Mini Mental Status Examination**

A mini mental status was obtained with 8 questions prior to every day’s session. An Eight question schedule (Annexure: 5) was used as the tool for assessing the Mini Mental Status Examination.

Day 1: Scored 7 out of 8

Day 2: Scored 7 out of 8

Day 3: Scored 7 out of 8

Day 4: Scored 7 out of 8
Case Work Process

The researcher adopted a psychosocial method with the respondent. A psychosocial model based on the Freudian Approach identifies the Cause and effect relationships between the individual and environment. The principles of Case Work like the individualization, Self Acceptance, Non Judgmental Attitude were maintained throughout the process.

Self Analysis

The researcher uses the tool of Self Analysis to help the client to think of her past events in the life. She was asked to think about the happenings in her life and the researcher wrote down the happenings in her life from the words of the client and was read to the respondent. She was asked to think about the same and the worker and the client tried to correct the story with replacing the mistakes and the shortcomings in the life story. Thus the client herself understood that the life events in her life could be made better.

Use of Self Analysis:

The client herself identifies her own life. She understood the strengths which she had and not being tapped properly. She developed the confidence and also derived the feeling that she could develop her own even now and also show the children what power she really possess.

Self-understanding

It is a quality which a person must possess to effectively helping others. The caseworker helped the client to go through the process of “self exploration and self discovery” in order to “know thyself”. Self-discipline and Self-control have to follow self-understanding. Situation may be painful, upsetting, disturbing or provocative wherein the respondent may be engulfed with emotions and feelings. But an enormous self-control has to be exercised.
Data Analysis and Interpretation

Use of Self-Understanding:

The client could develop a self control and discipline as a result of the Self Understanding Exercise. She derived an understanding of her situations and also how her children behaved to her.

Discussions and Charts

The researcher uses the tool of discussions and charts to help the client to understand various happenings and also various operations through which the client over went. It helps the client to understand the life events of the client herself and also developed her thinking pattern to others.

Post Intervention Data obtained

![Autonomy Chart]

Figure 4.2.3: Post Intervention score of Autonomy of Case 1

The Score of Autonomy of the Respondent -34

There is a remarkable change in the scores of Autonomy of the respondent. The post intervention sessions showed that the respondent had developed the confidence. She decided to call her children to the care home and to discuss with them about the future life of the respondent. Respondent did not want the children to take care of her, but she wanted the children to deposit a sum amount in her bank account which is required for her funeral and also for the treatments and hospital expenses.
Data Analysis and Interpretation

The mean Percentage of the Pre and Post Test is as follows:

Mean Percentage Score

\[
\text{Mean Percentage Score} = \frac{\text{Actual Score}}{\text{Maximum Expected Score}} \times 100
\]

Table 4.2.1: Mean Percentage Scores of Case 1

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post Test</th>
<th>Increase over Pretest</th>
</tr>
</thead>
<tbody>
<tr>
<td>P 1</td>
<td>34.52</td>
<td>40.48</td>
<td>5.96</td>
</tr>
</tbody>
</table>

The change in the Autonomy can be clearly plotted in the below graph. The X axis denoted the scores of Autonomy before and after the intervention.

Figure 4.2.4: Pre and Post Intervention scores of Autonomy of Case 1
Data Analysis and Interpretation

Conclusion

The respondent approached the Senior Care Home as there was no one to take care of her. She was living with her younger son, but they migrated to Mumbai for the job and there were no one to take care. Also the elder son and the daughter also did not want the mother to stay with them.

The Autonomy of the respondent prior to the intervention and after the intervention showed a distinct change in the conditions. The increase over the mean percentage of the post test over the pretest is 5.96 which is a remarkable indicator. It clearly indicated that the intervention has been instrumental in bringing about the change.

4.2.1.2 Autonomy

Details of the respondent
Name: Mr. G
Age: 62
Sex: Male
Former Place of Residence: Rural
Economic Status: Middle
Marital Status: Married
Education: Secondary
Former Occupation: Private

Health Conditions

The physical condition of the respondent was fine. The respondent faced the difficulty of Asthma. He was having Dust Allergy. He had a good physical health with no other serious illnesses. The respondent no serious defects in sensory abilities and his memory were intact. He did not have any saving in his name. He willed his property to his children.
Pre-Admission Life

The respondent was married and was staying with his wife and children. The respondent has two children, among whom one is dead. Both the respondent and his wife were staying in the care home. Two months before, his elder son came to the care home and took his mother back with him leaving his father alone in the care home. The respondent was working as a Salesman in a Hardware shop in his town. He was staying in a rented house. His wife and the children were living in their own house at the village. Both his children were educated and occupied. The elder son was working with Jewelers as an accountant. The younger son was an Engineer and was working with a Construction Company. The younger son met with an accident on his way from Palakkad for some official purpose. The respondent was then brought to the care home by his elder son.

Pre-Intervention Data Obtained

The researcher collected the data from the respondent. The researcher could find that the respondent was brought to the care home by his own elder son after the death of the younger son. The wife and the respondent were brought to the care home together, but two months before, the elder son came to the care home and took his mother back with him.
The researcher discussed with the respondents and the summary of the data obtained was as follows:

The respondent was an educated and self-made individual. The respondent led a life for his family members. He always took utmost care for the needs of his family members. But the elder son always felt that he have more affection to the younger son. He always depends on the family members to take decisions. His wife was so capable to take decisions on his behalf. He always accepted her decisions. His children were also more attached with his wife than him. His world always revolves around the family and wanted the family to be happy always. He never thought of his interest or the happiness in his life, rather always worried on the family members. He didn’t even spend any money for his own interest. He always wanted his wife or children to take decision and also to spend money on his behalf. He remembered with great pain that he didn’t take care of his sisters as his wife didn’t want him to do it.

**Inferences:**

Based on the baseline data collected and the discussions with the client, an inference was drawn. The respondent shows a low score of 27, which indicated that the autonomy of the client was LOW.

**The score of Autonomy of the respondent – 27**

![Autonomy Chart](image-url)
Data Analysis and Interpretation

Mini Mental Status Examination

A mini mental status was obtained with 8 questions prior to every day’s session. An Eight question schedule was used as the tool for assessing the Mini Mental Status Examination.

Day 1: Scored 6 out of 8
Day 2: Scored 6 out of 8
Day 3: Scored 6 out of 8
Day 4: Scored 7 out of 8

Case Work Process

The researcher uses a strength based approach. The principles of Acceptance, Client self Determination, Individualization and Self Determination were followed throughout the process.

Role Play

The worker with the support of the management staff in the organization enacted the way the client behaves in the organization. The role play was found to be helpful for the client

Use of role Play

The client always loves to live in his own world. And hence the researcher was trying to open the world of the organization before him.

Meditation

The researcher provided meditation to the client as the client always was in a mood to take a revenge on his elder son and wife. He believed that his elder son and wife was the reason for the death of his younger son. He believed that the wife and elder son played together to bring him to the Care Home.
Data Analysis and Interpretation

Use of meditation:

As a result of meditation, he learned relaxation techniques and also his feeling of taking revenge was able to be suppresses.

JPMR

Jacobson’s Progressive Muscle Relaxation Exercise was given to him so that he could relax himself.

Use of JPMR

After the session of JPMR, he responded that he felt relax and also his burden in the mind was taken away.

Post Intervention Data Obtained

![Autonomy Graph](image)

Figure 4.2.7: Post Intervention score of Autonomy of Case 2

The score of Autonomy of the respondent - 32

The researcher could find a very good change in the overall autonomy of the respondent. He himself felt the confidence and final score also has got a positive deviation. According to him he felt more confident now than before. He felt himself definite and wanted to contact his son and wife.
Data Analysis and Interpretation

The mean Percentage of the Pre and Post Test is as follows:

**Mean Percentage Score**

\[
\text{Mean Percentage Score} = \frac{\text{Actual Score}}{\text{Maximum Expected Score}} \times 100
\]

**Table 4.2.2: Mean Percentage Scores of Case 2**

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post Test</th>
<th>Increase over Pretest</th>
</tr>
</thead>
<tbody>
<tr>
<td>P 2</td>
<td>32.14</td>
<td>38.09</td>
<td>5.95</td>
</tr>
</tbody>
</table>

The change in the autonomy of the respondent can be clearly plotted in the below mentioned graph. Here the X axis denoted the Sessions, and Y axis denoted the Scores of Autonomy.

Figure 4.2.8: Pre and Post Intervention scores of Autonomy of Case 2
Data Analysis and Interpretation

Conclusion

The researcher could find that the respondent in spite of his background felt the confidence to raise his opinion. His scores of Autonomy were found to be increased after intervention process.

After the Intervention, the researcher could find that her independence and self-sufficiency were increased. The Scores also indicated the same. There was a 5.95% increase on the mean percentage of the post test over pretest.

4.2.1.3 Environmental Mastery

Basic Information
Name: Ms. S
Age: 61
Sex: Female
Former Place of Residence: Urban
Economic Status: Low
Marital Status: Separated
Education: SSLC
Former Occupation: Private

Health Condition

The respondent has no serious illness. Her sensory capabilities were excellent. She did not report any types of sensory difficulties. She had a small surgery for a fracture in her left leg in 2009. She had recovered from the difficulties of movement and has now no trouble in walking. She was under the physiotherapy for 8 months. She was admitted in the care home from 2010. Her capacity to recall was excellent.
**Pre Admission Life**

Prior to the admission to the Care Home, she was serving as a house maid in a home at Thrissur District. She was doing her job in Thrissur for ten years. The respondent was separated and she led a life for her family members. At the age of 20, she went to Gulf as a house maid and took care of her family. She had her mother, father and two sisters and 2 brothers. She went abroad and led a life there serving a Kerala Family. She performed the studies and marriages of her siblings and also helped them to have their own living. Later in 1999, she came back after having all her family affairs done and wanted to settle with her family members. But her siblings only wanted her money and were not ready to take care of her. So he was forced to go for work again. She went for work in a house in Thrissur District and was there for 10 years. Later she left the job and came to the Government Senior Care Home, Kollam.

**Pre Intervention Data Obtained**

A baseline data collected from the respondent on the Environmental mastery of the person based on a 14 point scale 5 times provided an average score of 28. The researcher could find that the respondent was being tapped by her own family.
members. From her age of 20, she was serving as a house maid to help her family. She educated her siblings and took care of her family members. She conducted the marriages of her sibling and also helped to find a descent living for them. No one paid any attention to her life. Her very good proposals for marriages were neglected by her own family members because of the fear of losing her money. She became frustrated with her single life and even then she wanted to live for her family. She returned back from Gulf and wanted to live with her siblings, but they refused to take care of her. They abandoned her and she was again forced to go for a work to find her livelihood.

The researcher discussed with the respondent and the following were the information received from the respondent:

- The ambition of the respondent was to lead a peaceful family life. But her family members only look at her money and did not want her to live with her husband. Hence she was separated from her husband soon after her marriage. She worked abroad and in the state to support her family. Later the family members did not want her to be in the family and asked her to leave the family. The respondents often failed to manage her life’s ambition and situations.

- The respondent even in the care home faced it difficult to manage the affairs there. She could not work smoothly with the co-residents in the home and the administrative staff there. Even when she was assigned the duty in the care home, she failed to easily unify with others. She often felt that there was her own problem and she need not share the same with others or never interfere with others affairs.

- She became frustrated with the responsibilities and the ways to manage these responsibilities. When she was given the responsibilities, she was reluctant to take the same. She feared that her doing of any task cannot find fruit as she has failed to do her tasks to the family members. Her feeling arise from her situation that resulted from the negligence she received from her own family.

- It is highly a stressful task to manage the affairs and also to find the time to keep up all the affairs integral in the day today affairs.
Data Analysis and Interpretation

- She felt that her daily life was always busy and could not find any time to manage the things she has to do. She herself live in a box where she wanted no one to enter and disturb her affairs and situations.

Inference:

Based on the baseline data collected and the discussion with the client, an inference was drawn. The respondent has a **Low** ability to manage her environment effectively.

**Average Score of Environmental Mastery for the respondent – 28**

![Environmental Mastery Graph](image)

Figure 4.2.10: Pre Intervention score of Environmental Mastery of Case 3

**Mini Mental Status Examination**

A mini mental status examination was conducted with 8 questions and each session was preceded with this MMSE.

Day 1: Scored 8 out of 8

Day 2: Scored 7 out of 8

Day 3: Scored 8 out of 8

Day 4: Scored 6 out of 8
**Case Work Process**

The researcher uses a strength based approach rather than a pathological approach for the client. The principles of Acceptance, Individualization, Confidentiality, Purposeful expression of feeling and Self Determination were followed throughout the process. Self Analysis, Modeling, Role Play, Discussions and Chart making were used as a tool for the intervention process.

**Self Analysis**

As a self analysis exercise, the worker asked the client to express the incidents from her memory. Different aspects of her life and situation were examined together. The researcher discussed the life happenings and the negative and positive incidents in her life. Her life as a Homemade was drawn with words and lie a story it was read to the client by the worker.

**Use of Self analysis:**

The process of self analysis was helpful for the client to identify her own life. She derived an understanding of the strength she possessed and the shortcomings she had in her life.

**Modeling**

The worker asked the respondent to choose a person in the home whom she thinks is having a better environmental mastery than the client. As a one day exercise, she was asked to be like the model person. The client selected a woman who is 65 years of age and is social to all other members in the home.

**Use of Modeling:**

The exercise of Modeling was helpful for the client. In the initial time, she tried to copy all the characteristics of her model. She was happy with exercise and practiced the same without the worker.
Data Analysis and Interpretation

Role Play

The role play was initiated by the worker with the help of some residents so that the client could understand from others point of view how others see her. As a group activity, the roommate and other two residents enacted how the client behave in the home.

Use of Role Play:

The role play enabled the client to develop an understanding of how others view her. She could also identify the shortcomings of her behaviour and could develop a positive pace for rectifying the same.

Discussions and Charts

The discussions and chart making were done with the primary aim to help the client develop the knowledge of her lack of Environmental Mastery and a “TO DO” list was prepared by the client and worker to bring her out of the low scores of Psychological wellbeing.

Post Intervention Data Obtained

![Environmental Mastery Graph]

Figure 4.2.11: Post Intervention score of Environmental Mastery of Case 3

Average Score of Personal Growth for the respondent – 37

The respondent developed the confidence and which helped her to manage the affairs at the Home effectively. She felt herself confident in managing her lifestyle. She could now feel confident in building up relationships with her fellow residents.
Data Analysis and Interpretation

Now she could engage herself in helping the fellow residents and making her life busy. Unlike the past, now she felt happy in life being busy. Now she felt that she could manage her time effectively. She started making small chains and bangles and sells them off to the staff and the visitors of the Care Home. Unlike before, she could now manage her finances effectively.

The client also had developed a better relation with other residents in the care home. She developed confidence and her relationship with other members developed positively.

The Mean Percentage of the Pretest and Post test Scores is as follows:

**Mean Percentage**

\[
\text{Mean Percentage} = \frac{\text{Actual Score}}{\text{Maximum Expected Score}} \times 100
\]

*Table 4.2.3 Mean Percentage Scores of Case 3*

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post test</th>
<th>Increase over Pre test</th>
</tr>
</thead>
<tbody>
<tr>
<td>P3</td>
<td>33.33</td>
<td>44.05</td>
<td>10.72</td>
</tr>
</tbody>
</table>

The change in the environmental mastery can be clearly plotted in the below graph. Here the X axis denoted the **Sessions** (5 before intervention and 5 after the intervention) and Y axis denoted the **Score of Environmental Mastery** scored by the respondent.
**Conclusion**

The researcher could found that there was a significant change in the Mean Percentage of the Pre test and Post test scores of the Respondent which clearly indicated that intervention has made a significant change in the life of the respondent.

The graph shows a definite change in the positive direction and it shows that the intervention provided change positively and increase in mean percentage is a definite indicator of the effect of the intervention on Psychological wellbeing.

**4.2.1.4 Environmental Mastery**

**Basic Information**

Name: Mr. R  
Age: 62  
Sex: Male  
Former Place of Residence: Rural  
Economic Status: Low  
Marital Status: Married  
Education: Secondary  
Former Occupation: Private
Health Condition

The respondent did not report any serious illness. His vision, auditory and other sensory capabilities were excellent. He had undergone amputation due to the accident 5 years before and hence now faced the difficulties in movement.

Family Tree

![Family Tree of Case 4]

Figure 4.2.13: Family Tree of Case 4

Pre Admission Life

The respondent reached the care home 3 years before. The respondent was married and has 2 daughters and 2 sons. The daughters were married. The daughters were staying with their husband and children. His elder son passed away. His wife was taken with the younger son to take care of their children. The respondent was serving a private company and worked really hard to take care of his 4 children. He made her elder daughter to study the Engineering and the younger daughter is a Nurse in a leading hospital in Kochi. Her husband is also working in the same hospital. They have two children who were studying in Kochi. The elder daughter is married to a government Servant and is now living in Trivandrum. They have three children – two boys and a girl. The third son was an Engineer student and he passed away when he was studying. The younger son completed his Degree and is now working in Pune. His wife is also working in Pune. He has a son and the respondent’s wife was taken to Pune to take care of the child. The respondent also wished to go with his wife, but the son did not wanted to take the burden of his father and hence the son took him to the Government care Home.

The respondent’s son approached the Police and they took the respondent to the Senior Care Home.
Pre Intervention Data Obtained

The Environmental mastery of the respondent was collected based on a 14 point scale. The baseline data was collected 5 times which gave an average score of 26. The respondent lived for the family members. He wanted to provide the best education for the children and was living only for the family members. The world of the respondent revolved around the wife and children and hence he felt isolated after the wife being taken to Pune with his son. The respondent also wanted to go to Pune; but the children did not want to take the father along with him. The daughters also did not want to take the father along with them.

The researcher discussed with the respondent and the following were the information received from the respondent:

- The ambition of the respondent was to lead a peaceful family life. But the family members did not want to take care of their father. They felt that the single legged father will be a burden to them. They refused to take care of their father. The respondent could find that the family members only look at his money. The respondents often failed to manage his life’s ambition and situations. This in turn affected the environmental mastery of the respondent.

- It was difficult for the respondent to manage the affairs at the Care Home. He could not work in ease with the co-residents and also the administrative staff in the Care Home. Even when he was assigned the duty in the care home, he failed to easily unify with others. He felt that nobody should interfere in others matter and others should not interfere in his matter.

- He always felt frustrated with the responsibilities and the ways to manage these responsibilities. When he was assigned a responsibility, he was always reluctant to take up these responsibilities and he always feared that he could not fulfill his tasks without fail. His feeling arise from his situation that resulted from the negligence he received from the own family members.

- It is always difficult for the respondent to manage the responsibilities assigned to him without any fail. He felt that he is always busy with other affairs and hence he could not find any time to manage his everyday life.
Data Analysis and Interpretation

Inference:

The baseline information was collected using the Carol Ryff’s scale on psychological wellbeing which has 6 dimensions. Each dimension has 14 questions each with a minimum score of 14 and the maximum score of 84. The score obtained by the client in the test gave an average score of 26. Based on these data, it was concluded that the client has Low Score of Environmental Mastery.

Average Score of Environmental Mastery for the respondent – 26

![Environmental Mastery Chart](chart.png)

Figure 4.2.14: Pre Intervention score of Environmental Mastery of Case 4

Mini Mental Status Examination

A mini mental status examination was conducted with 8 questions and each session was preceded with this MMSE.

Day 1: Scored 6 out of 8
Day 2: Scored 6 out of 8
Day 3: Scored 7 out of 8
Day 4: Scored 6 out of 8
Day 5: Scored 7 out of 8
Case Work Process

The researcher did not use a pathological approach. A strength based approach was adopted for the client. The principles of Acceptance, Individualization, Confidentiality, and Purposeful express of Feeling and Self Determination was followed throughout the process.

Self Analysis

As a self analysis exercise, the client was asked to express the incidents from his memory. Different aspects of his life and situation were examined together with the worker. Logical explanations to the incidents were discussed and the client and the worker developed meaning to each incident that were confusing for the client.

Use of Self analysis:

The process of self analysis was helpful for the client to identify the own life. A logical understanding of the different events of one’s life was the result of the self analysis.

Clarification

A clarification exercise was done for the client. By clarification, the worker tried to clarify the events in the life of the client and also to address the doubts and the thoughts of the client.

Use of Clarification:

The process of clarification was used by the worker to help the client understand his own situation and also to clarify the doubts he is having.

Discussions and Charts

The discussions and chart making were done with the primary aim to help the client develop the knowledge of her lack of Environmental Mastery and a “TO DO” list was prepared by the client and worker to bring her out of the low scores of Psychological wellbeing. Everyday discussion was put into the form of a chart so that the client could rethink and behave before the next session.
Post Intervention Data Obtained

![Environmental Mastery Chart]

Figure 4.2.15: Post Intervention score of Environmental Mastery of Case 4

**Average Score of Personal Growth for the respondent – 39**

The respondent developed the confidence and which helped her to manage the affairs at the Home effectively. She felt herself confident in managing her lifestyle. She could now feel confident in building up relationships with her fellow residents. Now she could engage herself in helping the fellow residents and making her life busy. Unlike the past, now she felt happy in life being busy. Now she felt that she could manage her time effectively. She started making small chains and bangles and sells them off to the staff and the visitors of the Care Home. Unlike before, she could now manage her finances effectively.

The client also had developed a better relation with other residents in the care home. She developed confidence and her relationship with other members developed positively.

The Mean Percentage of the Pretest and Post test Scores is as follows:

**Mean Percentage**

\[
\text{Mean Percentage} = \frac{\text{Actual Score}}{\text{Maximum Expected Score}} \times 100
\]
Table 4.2.4: Mean Percentage Scores of Case 4

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post test</th>
<th>Increase over Pre test</th>
</tr>
</thead>
<tbody>
<tr>
<td>P4</td>
<td>30.95</td>
<td>46.43</td>
<td>15.48</td>
</tr>
</tbody>
</table>

The change in the environmental mastery can be clearly plotted in the below graph. Here the X axis denoted the **Sessions** (5 before intervention and 5 after the intervention) and Y axis denoted the **Score of Environmental Mastery** scored by the respondent.

![Graph showing Baseline Phase and Treatment Phase](image)

**Baseline Phase**  
**Treatment Phase**

Figure 4.2.16: Pre and Post Intervention scores of Environmental Mastery of Case 4

**Conclusion**

The researcher could found that there was a significant change in the Mean Percentage of the Pre test and Post test scores of the Respondent which clearly indicated that intervention has made a significant change in the life of the respondent.
Data Analysis and Interpretation

The graph shows a definite change in the positive direction and it shows that the intervention provided change positively and increases in mean percentage.

4.2.1.5 Personal Growth

Basic Information
Name: Ms. P
Age: 62
Sex: Female
Former Place of Residence: Urban
Economic Status: Middle
Marital Status: Widow
Education: Secondary
Former Occupation: Private

Health Condition

The respondent did not report any serious illness. His vision, auditory and other sensory capabilities were excellent. He had undergone amputation due to the accident 5 years before and hence now faced the difficulties in movement.

Family Tree

Figure 4.2.17: Family Tree of Case 5
Pre Admission Life

The respondent reached the care home after the death of her husband two years before the data collection was done. The respondent was living in the city of Kollam and was working with a private bank. When the computers became the inevitable part of the financial process, she was thrown out of the job. Her husband was a conductor in private bus and they have one son. The son is working with a construction firm as a Civil Engineer and is married. The client and her husband lived for her son and they gave him the best education ever possible. He did his Engineering in a private College spending the heavy fees.

After the marriage of the son, the client had to suffer many negative responses from her daughter in law. She was left alone without having any food for many days. Her husband and the son didn’t know about these events.

After the death of the husband, the problem get worsen. The client couldn’t afford to live in the house and she approached her neighbor who with the help of Police took her to the Care Home.

Pre Intervention Data Obtained

The Personal Growth of the respondent was collected based on a 14 point scale. The baseline data was collected 5 times which gave an average score of 26. The respondent lived for her son. She wanted to see him as an Engineer and she tried her best to make him the same. But after the marriage, she became a burden for her daughter in law and she was left aside by the son.

The researcher discussed with the respondent and the following were the information received from the respondent:

- She was always reluctant to develop her horizon and knowledge circle. She always wanted to be in the safe side. She didn’t want to try new things. She was not interested in learning new things. When the computer was introduced to the banking sector, she was not willing to learn the same and was forced out of the job.
Data Analysis and Interpretation

• She was not ready to accept or adjust with the new member to her world. When her daughter in law came to her home, she didn’t want to accept her. She felt frustrated with the sharing of responsibilities.

• There were incidents like she prepared food for her husband and the son and not for the daughter in law, which created the problems at the family. She accepted the problem that she didn’t want to accept her daughter in law.

• After the death of the husband, she felt herself that she is not accepted as a member of the family and hence wanted to shift to the Care Home.

Inference:

The baseline information was collected and based on these data, it was concluded that the client has Low Score of Personal Growth.

Average Score of Personal Growth for the respondent – 26

![Graph showing Personal Growth](image)

Figure 4.2.18: Pre Intervention score of Personal Growth of Case 5

Mini Mental Status Examination

A mini mental status examination was conducted with 8 questions and each session was preceded with this MMSE.

Day 1: Scored 7 out of 8
Data Analysis and Interpretation

Psychological Wellbeing of Residents in Senior Care Homes - Case Work Intervention

Day 2: Scored 7 out of 8
Day 3: Scored 7 out of 8
Day 4: Scored 7 out of 8
Day 5: Scored 7 out of 8

Case Work Process

The researcher uses a problem saving approach. The principles of Acceptance, Individualization, Confidentiality, and Purposeful express of Feeling and Self Determination was followed throughout the process.

Supportive Techniques

The researcher uses supportive technique in dealing with the client. The supportive techniques are used to obtain the confidence of the worker and also to enhance the coping skill of the client.

Use of Supportive Technique:

The worker used the acceptance as technique in dealing with the client. Acceptance is an expression of an attitude of receptivity. Its purpose is to enable the client to be sufficiently comfortable with the worker so that he can begin to face himself, his problem and his situation, and the feelings and attitudes he has about these things, more realistically.

Reassurance

Reassurance is a direct technique which indicates that the client’s feeling or behavior is understandable or permissible, and the other is an indication of the worker’s conviction that solution of the difficulty is probable.

Use of Reassurance:

The technique of reassurance is used to understand and also to make the client understand her feelings and behavior and also to reach at a best solution for her difficulty.
Data Analysis and Interpretation

Discussions and Charts

The discussions and chart making were done with the primary aim to help the client develop the knowledge of her lack of Personal Strength and also Weaknesses and also to understand where she stands in the line.

Post Intervention Data Obtained

![Graph showing Personal Growth](image)

Figure 4.2.19: Post Intervention score of Personal Growth of Case 5

**Average Score of Personal Growth for the respondent – 39**

The respondent now became very clear about her problems and also developed the confidence in her abilities. The worker provided a session on skill development programme- ie, to make craft items and also to distribute the same in a nearby shop in Peruman. The client actively participated in the sessions and learn to make craft and she started earn her living. She saved her money effectively for the future. The craft class was provided to the respondent as part of the vocational training provided to the residents in the care home.

The client’s thought that she can’t learn new things was removed and she started identifying her own abilities and talents.

The Mean Percentage of the Pretest and Post test Scores is as follows:
Data Analysis and Interpretation

Mean Percentage

\[
\text{Mean Percentage} = \frac{\text{Actual Score} \times 100}{\text{Maximum Expected Score}}
\]

Table 4.2.4: Mean Percentage Scores of Case 5

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post test</th>
<th>Increase over Pre test</th>
</tr>
</thead>
<tbody>
<tr>
<td>P5</td>
<td>30.95</td>
<td>39.28</td>
<td>8.33</td>
</tr>
</tbody>
</table>

The graph below provided the scores of Personal Growth before and after the intervention which clearly depicts the change in the scores of Personal Growth which shows that the intervention is effective for the client.

![Personal Growth Graph](image)

Figure 4.2.20: Pre and Post Intervention scores of Personal Growth of Case 5

Conclusion

The graphical representation and also the change in the mean percentage indicated that there is a significant change in the scores of Personal Growth before and after the intervention process, which shows that the intervention given to the
particular case shows a positive effect and thereby the intervention programme can be considered to be effective.

The change in percentage is 8.33 for the personal growth of the particular case.

4.2.1.5 Personal Growth

Basic Information
Name: Mr. T
Age: 61
Sex: Male
Former Place of Residence: Rural
Economic Status: Low
Marital Status: Married
Education: Secondary
Former Occupation: Private

Health Condition

The respondent is a diabetic patient and was under the intake of medicine for the same for the last 10 years from the age of 50. His sensory capabilities were intact and no other serious illnesses were reported by the client.

Family Tree

Figure 4.2.21: Family Tree of Case 6
Pre Admission Life

The respondent was married and was living with the wife happily before reaching the care home. The respondent have two son, both are married and have a child. The elder son is staying at Dubai with his family and the younger son at America.

The wife is staying with the younger son in America to look after his 6 months old son. The respondent reached the care home after a son was born to the elder son. Both his son needed mother to take care of their little kids. But did not want to afford the father and hence he was left alone with nobody to take care of him. Thus he reached to care home by his own wish.

Pre Intervention Data Obtained

Carol Ryff’s Scale on Psychological wellbeing is used for the collection of the scores of Personal Growth. It was a 14 point questionnaire with maximum score of 84 and a minimum of 14.

The researcher discussed with the respondent and the following were the information received from the respondent:

- The respondent always wanted to live in his own world, without developing his knowledge level and also was always reluctant to learn new things.

- His life revolved around his family member and hence was always not willing to learn new things and also mingle easily with the people around.

- When slight activities were introduced to the residents for earning income, he was not willing to learn and earn money like his fellow residents. He believed himself that he could not learn new things and he always wanted to be alone from the company of the others.

- He always spent his time by blaming his children for taking his wife away from him and is always thinking of his wife. He didn’t want to think out of the box and mingle with others. He feared that is he made relation with others; others will make fun of him and was afraid in making and maintaining
relationship with others. He always wanted to be in the same level and never thought of learning new things.

**Inference:**

The baseline information was collected and based on these data, it was concluded that the client has Low Score of Personal Growth.

**Average Score of Personal Growth for the respondent – 28**

![Graph showing Personal Growth scores from Day 1 to Day 5]

Figure 4.2.22.: Pre Intervention score of Personal Growth of Case 6

**Mini Mental Status Examination**

A mini mental status examination was conducted with 8 questions and each session was preceded with this MMSE.

Day 1: Scored 7 out of 8

Day 2: Scored 7 out of 8

Day 3: Scored 7 out of 8

Day 4: Scored 7 out of 8

Day 5: Scored 7 out of 8
Data Analysis and Interpretation

Case Work Process

The researcher uses a problem saving approach. The principles of Acceptance, Individualization, Confidentiality, and Purposeful express of Feeling and Self Determination was followed throughout the process.

Explanation

This technique is the giving of information and explanation of what is going on and why. The use of this technique will tend to reduce uncomfortable feelings related to the specific experiences. The use of explanation involve explaining why parents act in certain ways.

Use of Explanation:

By explaining, the worker give detailed information about each event in the life of the resident and also explained in detail the different events and happenings giving more importance to the Principles of the Social Case Work Method.

Partialization

The separating out and dealing with one problem at a time when the client presents a multiplicity of problems or a confused configuration of thinking and feeling.

Use of Partialization:

The technique of partialization is used to when the client have multiple problems and wanted to deal with all the problems at a time. The worker uses partialization to differentiate each problem and solve each problem individually.

Role Play

The role play was initiated by the worker with the help of some residents so that the client could understand from others point of view how others see her. As a group activity, the roommate and other two residents enacted how the client behave in the home.
Data Analysis and Interpretation

Use of Role Play:

The role play enabled the client to develop an understanding of how others view her. She could also identify the shortcomings of her behaviour and could develop a positive pace for rectifying the same.

Post Intervention Data Obtained

![Graph showing Personal Growth](image)

Figure 4.2.23: Post Intervention score of Personal Growth of Case 6

Average Score of Personal Growth for the respondent – 37

The client understood the meaning of family and he could manage his own life after the intervention. He talked with his wife and children and could develop a positive relation with them. The client developed a better insight of his life after the intervention programme.

The Mean Percentage of the Pretest and Post test Scores is as follows:

Mean Percentage

\[
\text{Mean Percentage} = \frac{\text{Actual Score}}{\text{Maximum Expected Score}} \times 100
\]
Data Analysis and Interpretation

Table 4.2.6: Mean Percentage Scores of Case 6

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post test</th>
<th>Increase over Pre test</th>
</tr>
</thead>
<tbody>
<tr>
<td>P6</td>
<td>33.33</td>
<td>44.05</td>
<td>10.72</td>
</tr>
</tbody>
</table>

The graph below provided the scores of Personal Growth before and after the intervention. The graph indicated the effects of intervention.

Figure 4.2.24: Pre and Post Intervention scores of Personal Growth of Case 5

Conclusion

The researcher could find that there was a significant change in the Mean Percentage of the Pre test and Post test scores of the Respondent which clearly indicated that intervention has made a significant change in the life of the respondent.

The graph shows a definite change in the positive direction and it shows that the intervention provided change positively and increases in mean percentage.
Data Analysis and Interpretation

4.2.1.7 Positive relation with others

Basic Information
Name: Mr. P
Age: 63
Sex: Male
Former Place of Residence: Rural
Economic Status: Medium
Marital Status: Separated
Education: Secondary
Former Occupation: Private

Health Condition

The respondent’s sensory capabilities were good and no serious illnesses were reported by the client. The client had undergone an operation for appendicitis before reaching the care home.

Pre Admission Life

The client was separated with his wife from the year 1994 after the 4 years of married life. He had 2 children and he didn’t know anything about the wife or children.

He was working as a driver in a house and was living at the driver’s quarters. He had many relations but all the relations were for only for time being. He never felt
Data Analysis and Interpretation

to see his wife or children. His house owner was staying in Dubai and he had illegal relation with the wife of his owner. Likewise, he worked as driver in many houses and had many relations. He was forced to end his relation when he grew older and reached the care home as there was no one to take care of him.

Pre Intervention Data Obtained

The score of Positive relation with others is obtained in a 14 point scale.

The following were the details collected from the respondent:

- He always felt frustrated in maintaining long term relationships and he had so many relations in between. He liked only passing away relationships and hence he couldn’t build up any close relationships.

- He didn’t have many close friends or relatives to share his thoughts and feelings. He didn’t want to listen to his friends also. There were many issues in between him and his friends and always felt frustrated about his relationships.

- He only wanted to have something from his friends and was not willing to give away something to his friends. He never sympathizes with his friends for any affairs. Hence every friend of his left his friendship in between.

- The client didn’t want to build his relationship and expand the horizon of his friendship and maintain the relationship with others. He didn’t want to widen his relationships nor he wanted to develop sincere relationship with others. The client always liked to live in his world without interacting with others.

- In the care home also, the client liked to spend his time inside the room without interacting with others.

Inference:

The baseline information was collected and based on these data, it was concluded that the client has Low Score.

Average Score of Positive relation with others for the respondent – 32
Figure 4.2.26.: Pre Intervention score of Positive Relation with others of Case 7

**Mini Mental Status Examination**

A mini mental status examination was conducted with 8 questions and each session was preceded with this MMSE.

Day 1: Scored 5 out of 8

Day 2: Scored 5 out of 8

Day 3: Scored 5 out of 8

Day 4: Scored 6 out of 8

Day 5: Scored 6 out of 8

**Case Work Process**

The researcher uses a problem saving approach to solve the client’s difficulty. The techniques used for the intervention included Discussions, Story Time, Role Play and Situation Analysis and so on.

**Guidance**

Guidance is to give suggestions, advice or authoritative direction to the client in his management of a specific feeling or situation. The guidance is to provide the client a possible solution to solve the problem.
Data Analysis and Interpretation

Use of Guidance:

By guidance, the worker tries to give some suggestions to solve the problems of the client.

Logical Reasoning:

The worker tries to involve the client in a systematic and rational analysis of a situation that requires a decision. He should encourage the client to weigh alternative responses and to predict the possible consequences of each of the responses.

Use of Logical Reasoning:

By logical reasoning, the worker made the client think in a rational method. By predicting the possible consequences, the worker encourages the client to come up with the responses.

Post Intervention Data Obtained

![Positive relation with others](image)

Figure 4.2.27: Post Intervention score of Positive Relation with others of Case 7

**Average Score of Personal Growth for the respondent – 42**

The client could think and learn the importance of the relationship with others and the importance of maintaining and building long term relationships with others. The Friends and family need to be supported and taken care of whenever required.

The Mean Percentage of the Pretest and Post test Scores is as follows:
Data Analysis and Interpretation

Mean Percentage

\[
\text{Mean Percentage} = \frac{\text{Actual Score}}{\text{Maximum Expected Score}} \times 100
\]

Table 4.2.7: Mean Percentage Scores of Case 7

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post test</th>
<th>Increase over Pre test</th>
</tr>
</thead>
<tbody>
<tr>
<td>P7</td>
<td>38.09</td>
<td>50</td>
<td>11.91</td>
</tr>
</tbody>
</table>

The graph below provided the scores of Positive Relation with others before and after the intervention. The graph indicated the effects of intervention.

Figure 4.2.28: Pre and Post Intervention scores of Positive Relation with others of Case 7
Data Analysis and Interpretation

Conclusion

The researcher could find that there was a significant change in the Mean Percentage of the Pre test and Post test scores of the Respondent which clearly indicated that intervention has made a significant change in the Positive relation with others of the respondent.

The graph shows a definite change in the positive direction and it shows that the intervention provided has given a positive change in the intervention on the psychological wellbeing of the residents in the care home and increases in mean percentage.

4.2.1.8 Positive relation with others

Basic Information

Name: Ms. R
Age: 64
Sex: Female
Former Place of Residence: Rural
Economic Status: Medium
Marital Status: Separated
Education: Secondary
Former Occupation: Private

Health Condition

The respondent complained about serious pain in the legs. But the medical practitioner states that she didn’t have any serious illness. Her sensory capabilities are good. Only problem with her physical condition is the thought of pain.
Pre Admission Life

The client was living with her younger daughter before reaching the care home. The client stated that she was separated from her husband. But no legal divorce was undertaken. The husband was asked to leave the house by the brothers of the client and the son in law. Three children of the client were married and had children.

The client took care of her sisters and brothers and couldn’t give due attention to her husband. Her husband left his job so that he could help his wife. But the client didn’t want her husband to stay with her. She created problems and asked the husband to leave. But the husband didn’t leave her and the children. After the marriage of the elder daughter, the clients seek the help of her brother to ask the husband to leave the house.

Pre Intervention Data Obtained

The score of Positive relation with others is obtained in a 14 point scale. The minimum score of the scale was 14 and the maximum score was 84.

The following were the details collected from the respondent:

- She didn’t want to create relationship with others. She felt frustrated in maintaining long term relationships. She didn’t want the husband to stay with her. Her world is only for the siblings.
Data Analysis and Interpretation

- She didn’t have many close friends or relatives to share her thoughts and feelings. She didn’t want her husband or children.
- There were many issues in between the client and her daughter which forced her to shift her residence to the Senior care home.
- She never sympathizes with her husband or children and always wanted to create problems at her house.

Inference:

The baseline information was collected and based on these data, it was concluded that the client has Low Score of Positive relation with others.

Average Score of Positive relation with others for the respondent – 31

![Graph showing the score of Positive relation with others](image)

Figure 4.2.30.: Pre Intervention score of Positive Relation with others of Case 8

Mini Mental Status Examination

A mini mental status examination was conducted with 8 questions and each session was preceded with this MMSE.

Day 1: Scored 7 out of 8

Day 2: Scored 7 out of 8

Day 3: Scored 7 out of 8
Data Analysis and Interpretation

Psychological Wellbeing of Residents in Senior Care Homes- Case work Intervention

Day 4: Scored 6 out of 8

Day 5: Scored 6 out of 8

Case Work Process

The researcher uses a problem saving approach to solve the client’s difficulty. The intervention was planned with emphasis on the principles of Case Work.

Encouragement:

It is done through expressing confidence in the client’s abilities, recognising his achievements and expressing pleasure in his successes as we do when someone gets distinction in the examination or wins a match.

Use of Encouragement:

The encouragement is used to increase the confidence of the resident and also to develop the confidence of the client to create the relationship.

Self Analysis

As a self analysis exercise, the client was asked to express the incidents from his memory. Different aspects of his life and situation were examined together with the worker. Logical explanations to the incidents were discussed and the client and the worker developed meaning to each incident that were confusing for the client.

Use of Self analysis:

The process of self analysis was helpful for the client to identify the own life. A logical understanding of the different events of one’s life was the result of the self analysis.

Clarification

A clarification exercise was done for the client. By clarification, the worker tried to clarify the events in the life of the client and also to address the doubts and the thoughts of the client.
Data Analysis and Interpretation

Use of Clarification:

The process of clarification was used by the worker to help the client understand his own situation and also to clarify the doubts he is having.

Discussion

The discussion was held to have a live and positive discussion and sharing of many experiences and thoughts of the client and to develop the confidence

Use of Discussion:

With the discussion, the worker aimed to help the client ventilate his feelings and also talk about the life and problems of the client. There were both individual and group discussions.

Post Intervention Data Obtained

Figure 4.2.31: Post Intervention score of Positive Relation with others of Case 8

Average Score of Positive Relation with others for the respondent – 42

The client could understand the importance of the relationship and also maintaining the relationship. The client understood that maintaining positive relationship with friends and inmates of the home is essential for a good life.
Data Analysis and Interpretation

The Mean Percentage of the Pretest and Post test Scores is as follows:

**Mean Percentage**

\[
= \frac{\text{Actual Score} \times 100}{\text{Maximum Expected Score}}
\]

*Table 4.2.8: Mean Percentage Scores of Case 8*

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post test</th>
<th>Increase over Pre test</th>
</tr>
</thead>
<tbody>
<tr>
<td>P8</td>
<td>36.90</td>
<td>50</td>
<td>13.1</td>
</tr>
</tbody>
</table>

The graph below provided the scores of Positive Relation with others before and after the intervention. The graph indicated the effects of intervention.

*Figure 4.2.32: Pre and Post Intervention scores of Positive Relation with others of Case 8*
Conclusion

The researcher could find that there was a significant change in the Mean Percentage of the Pre test and Post test scores of the Respondent which clearly indicated that intervention has made a significant change in the Positive relation with others of the respondent.

The graph shows a definite change in the positive direction and it shows that the intervention provided change positively and increases in mean percentage.

### 4.2.1.9 Purpose of Life

#### Basic Information
Name: Mr. A
Age: 63
Sex: Male
Former Place of Residence: Urban
Economic Status: Medium
Marital Status: Separated
Education: Secondary
Former Occupation: Private

#### Health Condition

The respondent’s sensory condition didn’t give any serious illness. He had a mild heart attack when he was working. For the past 2 years, his health condition is good and there is no variation in the ECG results of the respondent.

#### Family Tree

![Figure 4.2.33: Family Tree of Case 9](image-url)
Data Analysis and Interpretation

Pre Admission Life

The client was working in a textile as an Accountant before reaching the care home. The client was staying with his brother after the divorce of the client and the client’s son and daughter was staying with their mother.

The client spent his life for the brother and not for the wife or children. He spent all his money for his brother and family and didn’t spend anything for his own family.

Pre Intervention Data Obtained

The score of Positive relation with others is obtained in a 14 point scale. The minimum score of the scale was 14 and the maximum score was 84.

The following were the details collected from the respondent:

- The client felt desperate with the events through which he passed by. He worried a lot about his life. He spent his life for his brother and lived in the mercy of his brother. But after that he was thrown out of the family by his brother.
- He felt that his life flows in the similar way and there is no change in his life situations. He didn’t have any hopes or thoughts for the future life.
- The client didn’t think of the aim in his life. He always lived in the past and never in his life he wanted to think of the present or future. He always thinks that he did his best in the past and he didn’t have the ability to do something else in his life.
- He didn’t wanted his friends or family to give suggestions or advices about his life.

Inference:

The baseline information was collected and based on these data, it was concluded that the client has Low Score of Purpose in Life with a score of 28

Average Score of Purpose in Life of the respondent – 28
Mini Mental Status Examination

A mini mental status examination was conducted with 8 questions and each session was preceded with this MMSE.

Day 1: Scored 7 out of 8
Day 2: Scored 7 out of 8
Day 3: Scored 7 out of 8
Day 4: Scored 7 out of 8
Day 5: Scored 7 out of 8

Case Work Process

The researcher uses a problem saving approach to solve the client’s difficulty. The techniques and methods of the Social Case Work and the principles of the Social Case Work are given emphasis throughout the Process.

Pattern-dynamic reflection

Pattern-dynamic reflection consists of helping clients to consider, through reflection, those psychological patterns associated with their behavior, along with the...
Data Analysis and Interpretation

defense mechanisms employed with the aid of the social. Clients are encouraged to examine the dynamic relationships associated with their behavior. The goal is to have clients look beyond inappropriate reactions and to consider the intra-psychic content associated with the behavior. To do this, the social worker may confront maladaptive and inconsistent behavior.

Ego strengthening

Ego strengthening allows clients to see that out of every crisis or experience comes an opportunity to grow and learn. Clients will also be helped to come to a better understanding of their personal identity though an exploration of their goals, fears, dreams, ideals, and disappointments. Through worker–client interactions, the social worker will help clients let go of roles and ways of behaving that are no longer effective. Clients are taught that they are ultimately responsible for their present situation and the future they face.

Group Treatment

Group treatment is used by social workers to encourage new awareness and support for those with similar problems, such as homeless teens or young mothers who have experienced domestic abuse. The social worker meets regularly with the group and guides discussions, introducing healthy problem-solving and raising awareness of clients in distress. Social workers may have one or more groups to meet with in a therapeutic setting, as part of private practice or as court-ordered alternative to incarceration.

Self Analysis

As a self analysis exercise, the client was asked to express the incidents from his memory. Different aspects of his life and situation were examined together with the worker. Logical explanations to the incidents were discussed and the client and the worker developed meaning to each incident that were confusing for the client.
Post Intervention Data Obtained

![Figure 4.2.35: Post Intervention score of Purpose in Life of Case 9](image)

**Average Score of Purpose in Life for the respondent – 36**

The client understood the need for having an objective and aim in her life. She stopped worrying about her past and was asked to think positively on the events of the past and not to feel bad on the events of the life.

The Mean Percentage of the Pretest and Post test Scores is as follows:

Mean Percentage

\[
\text{Mean Percentage} = \left( \frac{\text{Actual Score}}{\text{Maximum Expected Score}} \right) \times 100
\]

*Table 4.2.9: Mean Percentage Scores of Case 9*

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post test</th>
<th>Increase over Pre test</th>
</tr>
</thead>
<tbody>
<tr>
<td>P9</td>
<td>33.33</td>
<td>42.86</td>
<td>9.53</td>
</tr>
</tbody>
</table>
Data Analysis and Interpretation

The graph below provided the scores of Purpose in Life before and after the intervention. The graph indicated the effects of intervention.

![Graph showing pre and post intervention scores of Purpose in Life](image)

**Baseline Phase**  
**Treatment Phase**

Figure 4.2.36: Pre and Post Intervention scores of Purpose in life of Case 9

Conclusion

The change in mean percentage of the scores of purpose in life before and after the intervention gives the score 8.34. This clearly indicated that there is an effect of the intervention on the purpose in life of the residents in the senior care home thereby on the psychological wellbeing.

4.2.1.9 Purpose of Life

Basic Information
Name: Ms. R  
Age: 62  
Sex: Female  
Former Place of Residence: Rural  
Economic Status: Medium
**Data Analysis and Interpretation**

Marital Status: Widow
Education: Secondary
Former Occupation: Nil

**Health Condition**

The respondent complained about serious pain in the legs. But the medical practitioner states that she didn’t have any serious illness. Her sensory capabilities are good. Only problem with her physical condition is the thought of pain.

**Family Tree**

![Family Tree of Case 10](image.png)

Figure 4.2.37: Family Tree of Case 10

**Pre Admission Life**

The client reached the care home after the death of her husband. The client has two children- a son and a daughter. The son died in an accident. The daughter became a nun. The client was living with the husband and only source of income for the family was her husband. After the death of the husband, there was no one to take care of the client. Hence the client reached the care home.

**Pre Intervention Data Obtained**

The score of Positive relation with others is obtained in a 14 point scale. The minimum score of the scale was 14 and the maximum score was 84.

The following were the details collected from the respondent:
Data Analysis and Interpretation

- She is not happy with her past life and didn’t want to think of her past life also. She always felt that her past life was full of agonies and negative things and hence wanted to get rid of it.
- She often felt frustrated and thought of committing suicide at times because she think herself that no changes happened in her life. She didn’t have any hopes for the future or she never think of achievements in life.
- She didn’t any goal to accomplish in her life and she felt her life as meaningless.

Inference:

The baseline information was collected and based on these data, it was concluded that the client has Low Score of Purpose in Life.

Average Score of Purpose in Life for the respondent – 32

![Purpose in Life Graph](image)

Figure 4.2.38.: Pre Intervention score of Purpose in Life of Case 10

Mini Mental Status Examination

A mini mental status examination was conducted with 8 questions and each session was preceded with this MMSE.

Day 1: Scored 8 out of 8
Data Analysis and Interpretation

Psychological Wellbeing of Residents in Senior Care Homes - Case Work Intervention

Day 2: Scored 5 out of 8
Day 3: Scored 5 out of 8
Day 4: Scored 5 out of 8
Day 5: Scored 5 out of 8

Case Work Process

The researcher uses a problem saving approach to solve the client’s difficulty. The techniques and methods of the Social Case Work and the principles of the Social Case Work are given emphasis throughout the Process.

Self Analysis

As a self analysis exercise, the client was asked to express the incidents from his memory. Different aspects of his life and situation were examined together with the worker. Logical explanations to the incidents were discussed and the client and the worker developed meaning to each incident that was confusing for the client.

Use of Self analysis:

The process of self analysis was helpful for the client to identify the own life. A logical understanding of the different events of one’s life was the result of the self analysis.

Partialisation:

In the initial phase one may try to focus on only one aspect of the total problem instead of tackling the whole problem, i.e., focusing on only one part of the problem. In choosing one part of the problem, one should be careful to see that the part problem chosen is of immediate importance to him and can be solved with the available resources in the shortest possible time. Once his immediate worries are tackled, it will strengthen the relationship between the worker and client and increase the client’s respect for the worker.
Data Analysis and Interpretation

Reassurance:

It is used to allay unrealistic anxiety, guilt’s and apprehensions and create a sense of security in the client. The strength of reassurance depends upon the confidence the client has in the worker. The way the worker conducts himself in the situation can itself be reassuring to the client.

Sustaining techniques

Sustaining techniques involve the generic communication skills of encouragement (nods of the head, statements such as “yes” and “go on,” and an attentive posture) along with empathy, positive regard, and genuineness. Direct practice incorporates the use of advice or the offering of suggestions. In one fashion or another, the worker offers an opinion about what action a client might take. Caution ought to be used with this technique; opinions need to be offered in subtle forms.

Post Intervention Data Obtained

![Purpose in Life Graph]

Figure 4.2.39: Post Intervention score of Purpose in Life of Case 10

Average Score of Purpose in Life for the respondent – 39
Data Analysis and Interpretation

The client understood the need for having an objective and aim in her life. She stopped worrying about her past and was asked to think positively on the events of the past and not to feel bad on the events of the life.

The Mean Percentage of the Pretest and Post test Scores is as follows:

**Mean Percentage**

\[
\text{Mean Percentage} = \frac{\text{Actual Score} \times 100}{\text{Maximum Expected Score}}
\]

*Table 4.2.10: Mean Percentage Scores of Case 10*

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post test</th>
<th>Increase over Pre test</th>
</tr>
</thead>
<tbody>
<tr>
<td>P10</td>
<td>38.09</td>
<td>46.43</td>
<td>8.34</td>
</tr>
</tbody>
</table>

The graph below provided the scores of Purpose in Life before and after the intervention. The graph indicated the effects of intervention.

*Figure 4.2.40: Pre and Post Intervention scores of Purpose in life of Case 9*
Data Analysis and Interpretation

Conclusion

The change in mean percentage of the scores of purpose in life before and after the intervention gives the score 8.34. This clearly indicated that there is an effect of the intervention on the purpose in life of the residents in the senior care home thereby on the psychological wellbeing.

4.2.1.11 Self Acceptance

Basic Information
Name: Ms. S  
Age: 63  
Sex: Female  
Former Place of Residence: Rural  
Economic Status: Medium  
Marital Status: Separated  
Education: Secondary  
Former Occupation: Private  

Health Condition

The respondent has diabetes for the last 10 years and she took medicine for the same. Now she started taking insulin. Her sensory capabilities are affected by Diabetics. She showed the symptoms of sight issues and underwent the treatment for the same.

Family Tree

Figure 4.2.41: Family Tree of Case 11
Pre Admission Life

The client reached the care home two years before after her husband left her. She had only one son who died of serious illness. She had a very happy life with her husband and child.

Her son’s marriage was fixed and date too was decided. But in between he got an illness and died. After the death of her son, her husband left her alone and went to some place. She waited for him for 2 years after then she received a letter stating that she is the reason for the death of her son and hence her husband left her and married another woman and is staying happily.

Pre Intervention Data Obtained

The score of Self Acceptance was obtained in a 14 point scale. The minimum score of the scale was 14 and the maximum score was 84.

The following were the details collected from the respondent:

- She hate herself for being lived for her husband and son. She thought herself as a failure in her life and she wondered at others, how they could manage their life without being affected by most of the issues.
- She was disappointed with the life events and always felt that she was a failure in life. She always wanted to be alone. She used to write many poems on whatever topics she finds interesting and used to sing these poems aloud. Her only activity was this.
- She believes that she has more weakness than everyone else in this world. She compared herself with other friends and used to be sad. She felt herself discouraged about her past life events and how she lived her life.
- She never thinks positively about her. She is a narrow minded and envies other people.

Inference:

The baseline information was collected and based on these data, it was concluded that the client has Low Score of Self Acceptance.
Average Score of Self Acceptance for the respondent – 31

![Graph showing the Self Acceptance score over days]

Figure 4.2.42: Pre Intervention score of Self Acceptance of Case 11

Mini Mental Status Examination

A mini mental status examination was conducted with 8 questions and each session was preceded with this MMSE.

Day 1: Scored 8 out of 8
Day 2: Scored 5 out of 8
Day 3: Scored 5 out of 8
Day 4: Scored 5 out of 8
Day 5: Scored 5 out of 8

Case Work Process

The researcher uses a problem saving approach to solve the client’s difficulty. The techniques and methods of the Social Case Work and the principles of the Social Case Work are given emphasis throughout the Process.
Sustaining techniques

Sustaining techniques involve the generic communication skills of encouragement (nods of the head, statements such as “yes” and “go on,” and an attentive posture) along with empathy, positive regard, and genuineness. Direct practice incorporates the use of advice or the offering of suggestions. In one fashion or another, the worker offers an opinion about what action a client might take. Caution ought to be used with this technique; opinions need to be offered in subtle forms.

Ego strengthening

Ego strengthening allows clients to see that out of every crisis or experience comes an opportunity to grow and learn. Clients will also be helped to come to a better understanding of their personal identity though an exploration of their goals, fears, dreams, ideals, and disappointments. Through worker–client interactions, the social worker will help clients let go of roles and ways of behaving that are no longer effective.

Systematic-desensitization

Systematic-desensitization is the preferred intervention for anxiety and phobias occurring in situations not involving humans. For social anxiety—anxiety in the presence of people— Wolpe developed the technique of assertiveness training. Assertiveness, considered incompatible with anxiety, is for candidates who have difficulty expressing their feelings or their likes and dislikes. As a result, they are often taken advantage of and experience anxiety in social situations. A low sense of self-esteem is also a common characteristic

Affirmation

This technique is the giving of open confirmation to the child’s valid appraisal of his own behavior or feelings, or to his realistic appraisal of observations of the behavior and attitude of others. However, because of the child’s genera; lack of insight into the social significance of his problems, he can’t be expected to make this valid appraisal often.
Data Analysis and Interpretation

Post Intervention Data Obtained

![Image of a graph showing Self Acceptance with Pre and Post test scores.]

Figure 4.2.43: Post Intervention score of Self Acceptance of Case 11

**Average Score of Purpose in Life for the respondent – 37**

The client understood the need for having an objective and aim in her life. She stopped worrying about her past and was asked to think positively on the events of the past and not to feel bad on the events of the life.

The Mean Percentage of the Pretest and Post test Scores is as follows:

**Mean Percentage**

\[
\text{Mean Percentage} = \frac{\text{Actual Score}}{\text{Maximum Expected Score}} \times 100
\]

*Table 4.2.11: Mean Percentage Scores of Case 11*

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post test</th>
<th>Increase over Pre test</th>
</tr>
</thead>
<tbody>
<tr>
<td>P11</td>
<td>36.90</td>
<td>44.05</td>
<td>7.15</td>
</tr>
</tbody>
</table>

The graph below provided the scores of Self Acceptance before and after the intervention. The graph indicated the effects of intervention.
Figure 4.2.44: Pre and Post Intervention scores of Self Acceptance of Case 11

Conclusion

The change in mean percentage of the scores of self acceptance before and after the intervention gives the score 7.15. This clearly indicated that there is an effect of the intervention on the purpose in life of the residents in the senior care home thereby on the psychological wellbeing.

4.2.1.12 Self Acceptance

Basic Information
Name: Mr. P  
Age: 61  
Sex: Male  
Former Place of Residence: Rural  
Economic Status: Medium  
Marital Status: Widower  
Education: Secondary  
Former Occupation: Private
Data Analysis and Interpretation

Health Condition

The respondent’s sensory and motor abilities were fine and no serious illnesses reported. The client is wearing a spectacle of power 2.5.

Family Tree

![Family Tree of Case 12](image)

Figure 4.2.45: Family Tree of Case 12

Pre Admission Life

The client reached the care home after the death of the spouse. The client was working in Textiles in Thrissur and the wife took care of the home. The client had a son who completed his Engineering and married. The client’s son and daughter in law were staying at Chennai and they have a daughter. The client stayed with them for 2 months after the death of wife, but found it difficult to adjust with the city life and the busy life of the Chennai city. Also there were no spaces for the client to stay as the son was staying in a single room apartment.

Pre Intervention Data Obtained

The client was subject to a 14 item questionnaire and was the score of Self Acceptance was calculated.

The following were the details collected from the respondent:
Data Analysis and Interpretation

- He was discouraged by others to complete any work in time and also he used to compare his life with that of others, especially his friends whom he think were better than him.
- He believed that he had more weaknesses than anyone else in the world. He always wanted to be alone and envy on the life of others. He always worried about the future and did not want to enjoy the present. He didn’t have a sense of direction in his life.

Inference:

The baseline information was collected and based on these data, it was concluded that the client has Low Score of Self Acceptance with a score of 30

Average Score of Self Acceptance for the respondent – 30

![Graph](image)

Figure 4.2.46.: Pre Intervention score of Self Acceptance of Case 12

Mini Mental Status Examination

A mini mental status examination was conducted with 8 questions and each session was preceded with this MMSE.

Day 1: Scored 7 out of 8

Day 2: Scored 7 out of 8

Day 3: Scored 7 out of 8
Data Analysis and Interpretation

Psychological Wellbeing of Residents in Senior Care Homes- Case work Intervention

Day 4: Scored 7 out of 8

Day 5: Scored 7 out of 8

Case Work Process

The researcher used the Case Work Process with focus on the principle, values and the methods of Social Work.

Affirmation

This technique is the giving of open confirmation to the child’s valid appraisal of his own behavior or feelings, or to his realistic appraisal of observations of the behavior and attitude of others.

Explanation

This technique is the giving of information and explanation of what is going on and why. The use of this technique will tend to reduce uncomfortable feelings related to the specific experiences. The use of explanation with the child may involve explaining why parents act in certain ways.

Modification of environment

Through providing concrete services, working in an educative or psycho therapeutic capacity with the client to enable him to use information, advice, or direction to achieve effective use of social resources and or working in an educative environment to bring about constructive change in their role (roles) in creating or maintaining the stress.

Education

Involves the giving of new knowledge, with sufficient elaboration of underlying premises and general applicability so that the client can utilize this knowledge in a variety of situations, as well as in relation to the specific situation which caused the giving of knowledge.
Post Intervention Data Obtained

Figure 4.2.47: Post Intervention score of Self Acceptance of Case 12

Average Score of Purpose in Life for the respondent - 41

The client understood the need for having an objective and aim in her life. He understood the need for having a purpose and direction in life and also to stop thinking of the future and to live in the present. He developed confidence and thought that he was right in all aspects of life.

The Mean Percentage of the Pretest and Post test Scores is as follows:

Mean Percentage

\[
= \frac{\text{Actual Score}}{\text{Maximum Expected Score}} \times 100
\]

Table 4.2.12: Mean Percentage Scores of Case 12

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post test</th>
<th>Increase over Pre test</th>
</tr>
</thead>
<tbody>
<tr>
<td>P12</td>
<td>38.09</td>
<td>40.48</td>
<td>9.53</td>
</tr>
</tbody>
</table>
The graph below provided the scores of Self Acceptance before and after the intervention. The graph indicated the effects of intervention.

![Graph of Self Acceptance Scores](image)

**Baseline Phase** | **Treatment Phase**

Figure 4.2.48: Pre and Post Intervention scores of Self Acceptance of Case 12

**Conclusion**

The change in mean percentage of the scores of self acceptance before and after the intervention. This clearly indicated that there is an effect of the intervention on the purpose in life of the residents in the senior care home thereby on the psychological wellbeing.

**4.2.2 Private Care Home**

**4.2.2.1 Autonomy**

**Details of the respondent**

Name: Mr. S  
Age: 61  
Sex: Male  
Former Place of Residence: Urban  
Economic Status: High  
Marital Status: Widower
Data Analysis and Interpretation

Education: Secondary
Former Occupation: Government

Health Conditions

The respondent did not report any serious illness. His sensory capabilities are good and didn’t face any illnesses. He was hospitalized twice from the old age home but didn’t have any illnesses.

Family Tree

![Family Tree of Case 13]

Figure 4.2.49: Family Tree of Case 13

Pre-Admission Life

Before reaching the care home, the client was staying with his wife. He was a government employee in the rural development department. He had two children - both are married and staying with their husband.

The role of the client in the family restrained to an earning member and all other responsibilities were taken up by his wife. The school teachers of his children only knew his wife as the parent. In short, it was a female headed family.

He had a house and 15 cent land owned by him. He sold the same for the marriage of his daughters and was staying in a rented house with his wife. After the death of his wife, he couldn’t manage his affairs and hence reach the care home.

Pre Intervention Data Obtained:

The following are the data obtained by the counselor in discussion with the respondent.
Data Analysis and Interpretation

- The respondent was not willing to take independent decisions in his life. He always depended on the approval of others for every decision in his life. He never felt confident in his decision.

- The respondent was afraid to raise his opinion or voice to any events or incidents.

- Before the death of his wife, she took the decisions on behalf of him on all affairs. His wife was a person with strong opinions and he is always influenced by these people.

- In any issue of controversy he didn’t want to raise his opinion and always want to stand with the group even if he knew it’s wrong.

Inference

It was understood that the respondent faced the problem of low Autonomy with an average score of 31.

Average Score of Autonomy of the respondent -31

![Graph showing Pre Intervention score of Autonomy of Case 13](image-url)

Figure 4.2.50: Pre Intervention score of Autonomy of Case 13
Mini Mental Status Examination

A mini mental status was obtained with 8 questions prior to every day’s session. An Eight question schedule (Annexure: 5) was used as the tool for assessing the Mini Mental Status Examination.

Day 1: Scored 7 out of 8
Day 2: Scored 7 out of 8
Day 3: Scored 7 out of 8
Day 4: Scored 7 out of 8

Case Work Process

The researcher adopted a psychosocial method with the respondent. The principles of Case Work like the individualization, Self Acceptance, Non Judgmental Attitude were maintained throughout the process.

Discussions and Charts

The researcher uses the tool of discussions and charts to help the client to understand various happenings and also various operations through which the client over went. It helps the client to understand the life events of the client herself and also developed her thinking pattern to others.

Generalisation (Universalisation)

This technique is used to minimize guilt or anxiety feelings in the client by generalizing the nature of events or reactions; for example, one can say, “every child masturbates during adolescent period; we all feel the same way in the situation you are passing through”. In effect it tells the client that his feelings and reactions are universal and normal to the situation, therefore, he need not feel guilty or anxious about these events and/or reactions.
Explaining

This technique is used for helping the client to understand the situation or events in its various aspects with possible implications for the clients. The worker tries to put all the aspects of the situation/event in detail and in proper sequence to enable the client to have better intellectual understanding and appreciation of the situation/event. This helps him to take proper decision and allays his apprehensions and corrects misperception. Sometimes one may take the help of theoretical knowledge also.

Reassurance

It is used to allay unrealistic anxiety, guilt’s and apprehensions and create a sense of security in the client. The strength of reassurance depends upon the confidence the client has in the worker. The way the worker conducts himself in the situation can itself be reassuring to the client.

Explanation

This technique is the giving of information and explanation of what is going on and why. The use of this technique will tend to reduce uncomfortable feelings related to the specific experiences. The use of explanation with the child may involve explaining why parents act in certain ways.

Modification of environment

Through providing concrete services, working in an educative or psychotherapeutic capacity with the client to enable him to use information, advice, or direction to achieve effective use of social resources and or working in an educative environment to bring about constructive change in their role (roles) in creating or maintaining the stress.

Education

Involves the giving of new knowledge, with sufficient elaboration of underlying premises and general applicability so that the client can utilize this knowledge in a
Data Analysis and Interpretation

variety of situations, as well as in relation to the specific situation which caused the giving of knowledge.

Post Intervention Data obtained

![Autonomy Graph](image)

Figure 4.2.51: Post Intervention score of Autonomy of Case 13

The Score of Autonomy of the Respondent -41

The client developed feeling that he can raise his voice against issues and don’t want to depend on others for any issue or event. He felt confident in taking independent decision and also develop the mind to stick to his opinion if group speak against.

When a group for the management of the ill health residents was formed, he volunteers for the same and became the lead person for the same.

The mean Percentage of the Pre and Post Test is as follows:

**Mean Percentage Score**

\[
\text{Mean Percentage Score} = \frac{\text{Actual Score}}{\text{Maximum Expected Score}} \times 100
\]

Psychological Wellbeing of Residents in Senior Care Homes: Case work Intervention
Data Analysis and Interpretation

Table 4.2.13: Mean Percentage Scores of Case 13

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post Test</th>
<th>Increase over Pretest</th>
</tr>
</thead>
<tbody>
<tr>
<td>P 13</td>
<td>36.90</td>
<td>46.43</td>
<td>9.53</td>
</tr>
</tbody>
</table>

The change in the Autonomy can be clearly plotted in the below graph. The X axis denoted the scores of Autonomy before and after the intervention.

![Autonomy Graph](image)

**Baseline Phase**  **Treatment Phase**

Figure 4.2.52: Pre and Post Intervention scores of Autonomy of Case 13

Conclusion

The respondent approached the Senior Care Home as there was no one to take care of him. The Autonomy of the respondent prior to the intervention and after the intervention showed a distinct change in the conditions. It clearly indicated that the intervention has been instrumental in bringing about the change.
4.2.2.2 Autonomy

Details of the respondent
Name: Ms. A
Age: 63
Sex: Female
Former Place of Residence: Rural
Economic Status: Middle
Marital Status: Unmarried
Education: Secondary
Former Occupation: Private

Health Conditions

The respondent has no serious illness. Her sensory capabilities are good. She had an accident when she was 56 and since then had a small problem with walking.

Family Tree

Figure 4.2.53: Family Tree of Case 14

Pre- Admission Life

The respondent was working as a Beautician in Trivandrum district. She ran a beauty parlor by her own. She completed her beautician course and worked in Trivandrum.
Data Analysis and Interpretation

She had a brother and a sister younger to her. She worked hard for the education and job for her siblings. She made her brother an Accountant and sister a pharmacist. Her sister’s marriage was conducted with a Salesman in Pharmacy and brother got married to a Beautician. The beauty parlor business was a success because of the efforts of the respondent. But her brother took advantage of her love.

She was thrown out of the house at the age of 50 when she stopped her job. Thus she reached the Care Home

Pre Intervention Data Obtained

The pre intervention data and score of Autonomy was obtained by Interview and also administering a scale on psychological wellbeing by Carol Ryff. The following were the major findings:

1. Her brother took decisions for her and she considered her family as the most important element in her life. She was not willing to get marry as she doesn’t want to disturb the equilibrium and happiness of her family by a third party.
2. She never voice her opinion either in case of the business or personal life. She had a dream of getting married and living peacefully with a family, but she didn’t have the confidence to raise her voice fort the same.
3. She was always forced to do things which she actually didn’t want to do. This always created difficulties. It is important for her to think on how others evaluate her.

Inferences:

Based on the baseline data collected and the discussions with the client, an inference was drawn. The respondent shows a low score of 28, which indicated that the autonomy of the client was LOW

The score of Autonomy of the respondent – 28
**Mini Mental Status Examination**

A mini mental status was obtained with 8 questions prior to every day’s session. An Eight question schedule was used as the tool for assessing the Mini Mental Status Examination.

Day 1: Scored 6 out of 8
Day 2: Scored 6 out of 8
Day 3: Scored 6 out of 8
Day 4: Scored 7 out of 8

**Case Work Process**

The researcher uses a strength based approach. The principles of Acceptance, Client elf Determination, Individualization and Self Determination were followed throughout the process.

**Self Analysis**

The researcher uses the tool of Self Analysis to help the client to think of her past events in the life. She was asked to think about the happenings in her life and the
Data Analysis and Interpretation

researcher wrote down the happenings in her life from the words of the client and was read to the respondent. She was asked to think about the same and the worker and the client tried to correct the story with replacing the mistakes and the shortcomings in the life story. Thus the client herself understood that the life events in her life could be made better.

Use of Self Analysis:

   The client herself identifies her own life. She understood the strengths which she had and not being tapped properly. She developed the confidence and also derived the feeling that she could develop her own even now and also show the children what power she really possess.

Meditation

   The researcher provided meditation to the client as the client always was in a mood to take a revenge on his elder son and wife. He believed that his elder son and wife was the reason for the death of his younger son. He believed that the wife and elder son played together to bring him to the Care Home.

Use of meditation:

   As a result of meditation, he learned relaxation techniques and also his feeling of taking revenge was able to be suppresses.

Partialisation

   In the initial phase one may try to focus on only one aspect of the total problem instead of tackling the whole problem, i.e., focusing on only one part of the problem. In choosing one part of the problem, one should be careful to see that the part problem chosen is of immediate importance to him and can be solved with the available resources in the shortest possible time. Once his immediate worries are tackled, it will strengthen the relationship between the worker and client and increase the client’s respect for the worker.
The score of Autonomy of the respondent - 37

The researcher could find a very good change in the overall autonomy of the respondent.

The mean Percentage of the Pre and Post Test is as follows:

Mean Percentage Score

\[
\text{Mean Percentage Score} = \frac{\text{Actual Score}}{\text{Maximum Expected Score}} \times 100
\]

Table 4.2.14: Mean Percentage Scores of Case 14

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post Test</th>
<th>Increase over Pretest</th>
</tr>
</thead>
<tbody>
<tr>
<td>P 14</td>
<td>33.33</td>
<td>44.05</td>
<td>10.72</td>
</tr>
</tbody>
</table>
Data Analysis and Interpretation

The change in the autonomy of the respondent can be clearly plotted in the below mentioned graph. Here the X axis denoted the Sessions, and Y axis denoted the Scores of Autonomy.

![Graph showing the change in autonomy](image)

**Baseline Phase**  
**Treatment Phase**

Figure 4.2.56: Pre and Post Intervention scores of Autonomy of Case 14

Conclusion

The researcher could find that the respondent improves the feeling of Autonomy. After the Intervention, the researcher could find that her independence and self-sufficiency were increased. The Scores also indicated the same. There was a 10.72% increase on the mean percentage of the post test over pretest.

4.2.2.3 Environmental Mastery

**Basic Information**

Name Mr. P  
Age - 61  
Sex – Male  
Former place of Residence – Rural  
Economic Status- Middle  
Marital status – Widower  
Education – UG/PG
Data Analysis and Interpretation

Former Occupation – Govt.

Health Condition

The respondents’ sensory capabilities and physical health was satisfactory. He was not identified with serious illnesses. He had a slight history of diabetes for the last 20 years.

Family Tree

![Family Tree Image]

Figure 4.2.57: Family Tree of Case 15

Pre Admission Life

Before reaching the case home he was staying with his children and wife. He was going for job in the civil station. He reached the care home as his wife passed away. Actually his wife was acting as the liaison between children and himself. He was a man of discipline and hence gets angry very fast. Because of his this nature nobody wants to get acquainted with him. He depends too much on his wife to manage his day to day affairs.

Pre Intervention Data Obtained

Base line data on environmental mastery based on Ruff’s 6 point 14 statement scale provided on average score of 28. The researcher could find that the respondent possessed a low level of Environmental Mastery. He was educated and was working
with the govt. dept but he possessed a low score of Environmental Mastery. He depended so much on his wife and even there was a big gap between him and his children.

Based on the discussions, the following information was derived:

The respondent also acted as the earner in the family. His wife was in charge of all the situations at house. The wife took decisions and only role of the respondent was to earn money. Even the children shared their feelings and needs with mother. For them, mother was the person who decided things. Father earned money and mother decided how and when to spend money the respondent could not fulfill all his responsibilities in life. He couldn’t manage his personal relations and financial affairs without the help of his wife.

He built his own house, but the entire responsibility and decision was enjoyed by his wife. He didn’t have a say in spending of his money and also the will of his properly. Everything was decided by his wife. After the death of his wife, he was asked to take up the responsibilities, but he couldn’t do that. He failed in many instances. He got frustrated when trying to plan his daily activities. They could not accomplish his tasks and his efforts to make things right seemed to be a failure always.

**Inference:**

Based on the baseline data collected and the discussion with the client, an inference was drawn. The respondent has a **Low** ability to manage her environment effectively.

**Average Score of Environmental Mastery for the respondent – 28**

![Environmental Mastery Graph](image_url)

Figure 4.2.58: Pre Intervention score of Environmental Mastery of Case 15
Data Analysis and Interpretation

Mini Mental Status Examination

A mini mental status examination was conducted with 8 questions and each session was preceded with this MMSE.

Day 1: Scored 8 out of 8
Day 2: Scored 7 out of 8
Day 3: Scored 8 out of 8
Day 4: Scored 6 out of 8
Day 5: Scored 7 out of 8

Case Work Process

A strength based approach is used for the client. The principles of case work like. Acceptance, Non judge mental Attitude, individualization, Confidentiality, communication were followed throughout the process

Post Intervention Data Obtained

![Environmental Mastery](image)

Figure 4.2.59: Post Intervention score of Environmental Mastery of Case 15

Average Score of Personal Growth for the respondent – 39
**Data Analysis and Interpretation**

The respondent developed the confidence and were able to manage the affairs at the Home effectively. He was able to maintain meaningful relationship and also to interact freely with the other residents of the care home.

The Mean Percentage of the Pretest and Post test Scores is as follows:

**Mean Percentage**

\[
\text{Mean Percentage} = \frac{\text{Actual Score} \times 100}{\text{Maximum Expected Score}}
\]

*Table 4.2.15 Mean Percentage Scores of Case 15*

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post test</th>
<th>Increase over Pre test</th>
</tr>
</thead>
<tbody>
<tr>
<td>P15</td>
<td>38.09</td>
<td>46.43</td>
<td>8.34</td>
</tr>
</tbody>
</table>

The change in the environmental mastery can be clearly plotted in the below graph. Here the X axis denoted the *Sessions* (5 before intervention and 5 after the intervention) and Y axis denoted the *Score of Environmental Mastery* scored by the respondent.

*Figure 4.2.60: Pre and Post Intervention score of Environmental Mastery of Case 15*
Conclusion

The researcher could found that there was a significant change in the Mean Percentage of the Pre test and Post test scores of the Respondent which clearly indicated that intervention has made a significant change in the life of the respondent.

The graph shows a definite change in the positive direction and it shows that the intervention provided change positively and increase in mean percentage is a definite indicator of the effect of the intervention on Psychological wellbeing.

4.2.2.4 Environmental Mastery

Basic Information
Name: Ms. R
Age: 62
Sex: Female
Former Place of Residence: Rural
Economic Status: Low
Marital Status: Married
Education: Secondary
Former Occupation: Private

Health Condition

The respondent did not report any serious illness. His vision, auditory and other sensory capabilities were excellent. He had undergone amputation due to the accident 5 years before and hence now faced the difficulties in movement. He cannot walk properly.

Family Tree

Figure 4.2.61: Family Tree of Case 16
Pre Adimission Life

The respondent reached the care home 5 years before. The respondent was married and has 2 daughters and 2 sons. The daughters were married. The daughters were staying with their husband and children. He and her husband both reached the care home. The respondent was serving a private company and worked really hard to take care of children. The children were working abroad and they cannot take care of the parents. Hence, the respondent’s son approached the Police and they took the respondent to the Senior Care Home.

Pre Intervention Data Obtained

The Environmental mastery of the respondent was collected based on a 14 point scale. The baseline data was collected 5 times which gave an average score of 30.

The researcher discussed with the respondent and the following were the information received from the respondent:

- The client failed to deal effectively with the responsibilities at the house. The husband and the wife worked for the welfare of the children but the affairs at the house was always at mess.

- It was difficult for the respondent to manage the affairs at the Care Home. She could not work in ease with the co-residents and also the administrative staff in the Care Home. Even when she was assigned the duty in the care home, he failed to easily unify with others.

- She always felt frustrated with the responsibilities and the ways to manage these responsibilities. When she was assigned a responsibility, she was always reluctant to take up these responsibilities and she always feared that she could not fulfill her tasks without fail.

- It is always difficult for the respondent to manage the responsibilities assigned to her without any fail. She felt that she is always busy with other affairs and hence she could not find any time to manage her everyday life.
Data Analysis and Interpretation

Inference:

The baseline information was collected and based on these data, it was concluded that the client has Low Score of Environmental mastery.

**Average Score of Environmental Mastery for the respondent – 30**

![Environmental Mastery Chart]

Figure 4.2.62: Pre Intervention score of Environmental Mastery of Case 16

**Mini Mental Status Examination**

A mini mental status examination was conducted with 8 questions and each session was preceded with this MMSE.

Day 1: Scored 6 out of 8

Day 2: Scored 6 out of 8

Day 3: Scored 7 out of 8

Day 4: Scored 6 out of 8

Day 5: Scored 7 out of 8
Data Analysis and Interpretation

Case Work Process

The researcher did not use a pathological approach. A strength based approach was adopted for the client. The principles of Acceptance, Individualization, Confidentiality, and Purposeful express of Feeling and Self Determination was followed throughout the process.

Explaining

This technique is used for helping the client to understand the situation or events in its various aspects with possible implications for the clients. The worker tries to put all the aspects of the situation/event in detail and in proper sequence to enable the client to have better intellectual understanding and appreciation of the situation/event. This helps him to take proper decision and allays his apprehensions and corrects misperception. Sometimes one may take the help of theoretical knowledge also.

Informing

This involves informing the clients theoretically about various aspects of the situation, procedures involved in administration of services, giving knowledge about various developmental phases and behaviour characteristic of certain ages and situation etc.

Ventilation

It means helping a client to express strong feelings when he may be hesitant to do so because of his uncertainty regarding the worker’s response, or because he simply does not have the words to express these feelings. Verbalising feelings by a client permits understanding of his emotional state. Once the client is free from the possessing feelings, he can clearly think through the problems and his perception of the reality gets sharpened.

Accreditation

Give him credit for strengths which he has or is developing and for evidences of improved functioning and more realistic thinking.
Post Intervention Data Obtained

Figure 4.2.63: Post Intervention score of Environmental Mastery of Case 16

**Average Score of Personal Growth for the respondent – 37**

The respondent developed the confidence and which helped her to manage the affairs at the Home effectively. She felt herself confident in managing her life style. She could now feel confident in building up relationships with her fellow residents. Now she could engage herself in helping the fellow residents and making her life busy. Unlike the past, now she felt happy in life being busy. Now she felt that she could manage her time effectively. She started making small chains and bangles and sells them off to the staff and the visitors of the Care Home. Unlike before, she could now manage her finances effectively.

The client also had developed a better relation with other residents in the care home. She developed confidence and her relationship with other members developed positively.

The Mean Percentage of the Pretest and Post test Scores is as follows:

**Mean Percentage**

\[
\text{Mean Percentage} = \frac{\text{Actual Score}}{\text{Maximum Expected Score}} \times 100
\]
**Data Analysis and Interpretation**

**Table 4.2.16: Mean Percentage Scores of Environmental Mastery**

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post test</th>
<th>Increase over Pre test</th>
</tr>
</thead>
<tbody>
<tr>
<td>P16</td>
<td>30.95</td>
<td>46.43</td>
<td>15.48</td>
</tr>
</tbody>
</table>

The change in the environmental mastery can be clearly plotted in the below graph. Here the X axis denoted the **Sessions** (5 before intervention and 5 after the intervention) and Y axis denoted the **Score of Environmental Mastery** scored by the respondent.

![Environmental Mastery Graph](image)

**Baseline Phase**  **Treatment Phase**

Figure 4.2.64: Pre and Post Intervention scores of Environmental Mastery of Case 16

**Conclusion**

The researcher could found that there was a significant change in the Mean Percentage of the Pre test and Post test scores of the Respondent which clearly indicated that intervention has made a significant change in the life of the respondent.

The graph shows a definite change in the positive direction and it shows that the intervention provided change positively and increases in mean percentage.
4.2.2.5 Positive Relation with others

Basic Information
Name: Ms. S
Age: 61
Sex: Female
Former Place of Residence: Rural
Economic Status: Medium
Marital Status: Widow
Education: Secondary
Former Occupation: Private

Health Condition

The respondent’s health condition was good and no serious illnesses were reported by the client. She always wanted to see doctor. But her health condition was good and no serious illnesses were found.

Family Tree

[Diagram of family tree]

Figure 4.2.65: Family Tree of Case 17

Pre Admission Life

The respondent has a husband and two children. The elder son was doing his business and younger son was an Engineer. Both children were married. The respondent’s husband passed away when the younger son was 3 years old. Ever since then, the respondent took care of the children and was leading a life of loneliness. She
Data Analysis and Interpretation

got the job of her husband and she worked in Govt Service. She took care of the education and job of the children till their marriage.

Pre Intervention Data Obtained

The respondent was always scared of creating and maintaining relationship especially with opposite sex. She didn’t want to have heard of a negative word about her and hence always tried to avoid any such things in her life.

The respondent took really bad when others are making more friendships and relationships. She couldn’t create relations. She was also not willing to spend her time with the friends or relatives.

She believed herself that she never experience warm and trusting relationships with others. She didn’t trust any of her friends and also she don’t her to be trusted.

She never opens up to others and also she didn’t sympathize with others in their problems.

Inference:

The baseline information was collected and based on these data, it was concluded that the client has Low Score.

Average Score of Positive relation with others for the respondent – 27

Figure 4.2.66: Pre Intervention score of Positive Relation with others of Case 17
Mini Mental Status Examination

A mini mental status examination was conducted with 8 questions and each session was preceded with this MMSE.

Day 1: Scored 5 out of 8
Day 2: Scored 5 out of 8
Day 3: Scored 5 out of 8
Day 4: Scored 6 out of 8
Day 5: Scored 6 out of 8

Case Work Process

The researcher uses a problem saving approach to solve the client’s difficulty. The techniques used for the intervention included Discussions, Story Time, Role Play and Situation Analysis and so on.

Explanation

This technique is the giving of information and explanation of what is going on and why. The use of this technique will tend to reduce uncomfortable feelings related to the specific experiences. The use of explanation with the child may involve explaining why parents act in certain ways. In using this technique with a child, the worker will have to e careful that he is speaking in a language the child can understand.

Topical Shift

The worker purposely changes the subject of discussion perhaps because he thinks the topic under discussion is unproductive, a blind alley, or the client is telling a sensitive matter at present, etc.
**Data Analysis and Interpretation**

**Informing**

This involves informing the clients theoretically about various aspects of the situation, procedures involved in administration of services, giving knowledge about various developmental phases and behaviour characteristic of certain ages and situation etc.

**Reassurance**

It is used to allay unrealistic anxiety, guilt’s and apprehensions and create a sense of security in the client. The strength of reassurance depends upon the confidence the client has in the worker. The way the worker conducts himself in the situation can itself be reassuring to the client.

**Post Intervention Data Obtained**

![Figure 4.2.67: Post Intervention score of Positive Relation with others of Case 17](image)

**Average Score of Personal Growth for the respondent – 44**

The client could think and learn the importance of the relationship with others and the importance of maintaining and building long term relationships with others. The Friends and family need to be supported and taken care of whenever required.

The Mean Percentage of the Pretest and Post test Scores is as follows:
Data Analysis and Interpretation

Mean Percentage

\[
\text{Mean Percentage} = \frac{\text{Actual Score}}{\text{Maximum Expected Score}} \times 100
\]

Table 4.2.17: Mean Percentage Scores of Environmental Mastery

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post test</th>
<th>Increase over Pre test</th>
</tr>
</thead>
<tbody>
<tr>
<td>P17</td>
<td>32.14</td>
<td>52.38</td>
<td>20.24</td>
</tr>
</tbody>
</table>

The graph below provided the scores of Positive Relation with others before and after the intervention. The graph indicated the effects of intervention.

Figure 4.2.68: Pre and Post Intervention scores of Positive Relation with others of Case 17
Data Analysis and Interpretation

Conclusion

The researcher could find that there was a significant change in the Mean Percentage of the Pre test and Post test scores of the Respondent which clearly indicated that intervention has made a significant change in the Positive relation with others of the respondent.

The graph shows a definite change in the positive direction and it shows that the intervention provided change positively and increases in mean percentage.

4.2.2.6 Positive relation with others

Basic Information
Name: Mr. B
Age: 64
Sex: Male
Former Place of Residence: Rural
Economic Status: Medium
Marital Status: Divorced
Education: Secondary
Former Occupation: Government

Health Condition

The respondent showed no serious sensory or motor disabilities. His health conditions were satisfactory. No serious illnesses were reported.

Family Tree

![Family Tree of Case 18](image-url)
Data Analysis and Interpretation

Pre Admission Life

The respondent was working in Dubai for more than 40 years. He got divorced at the age of 40. He was living happily in the gulf. His children were working in Dubai. His wife committed suicide after the divorce.

He had fairly good income and his children wanted him, but he refused to stay with the children. He approached the care home by his own wish.

Pre Intervention data obtained

the respondent did not want to develop trusting relationship with others. He was not ready to spend time effectively.

He did not have many friends, nor did he want to make friends. He believed himself that nobody loves him nor others are affectionate to him.

He often felt lonely, no body to share his thoughts and feelings. His family loved and cared him; but he did not believe in their genuine love. He did not want to be in the company of his son and wife.

He always wanted to ran away from relationships and wanted to lead a life of loneliness. He enjoyed the isolation and always thinks that he didn’t have anyone. He blamed others for his not having any relationships.

The wife of the client loved him and she was not ready for the divorce. It was the only wish of him that they approached the family court for the divorce.

Inference:

The baseline information was collected and based on these data, it was concluded that the client has Low Score of Positive relation with others.

Average Score of Positive relation with others for the respondent –26
Mini Mental Status Examination

A mini mental status examination was conducted with 8 questions and each session was preceded with this MMSE.

Day 1: Scored 7 out of 8
Day 2: Scored 7 out of 8
Day 3: Scored 7 out of 8
Day 4: Scored 6 out of 8
Day 5: Scored 6 out of 8

Case Work Process

The researcher uses a problem saving approach to solve the client’s difficulty. The intervention was planned with emphasis on the principles of Case Work.

Encouragement:

It is done through expressing confidence in the client’s abilities, recognizing his achievements and expressing pleasure in his successes as we do when someone gets distinction in the examination or wins a match.
Data Analysis and Interpretation

Use of Encouragement:

The encouragement is used to increase the confidence of the resident and also to develop the confidence of the client to create the relationship.

Self Analysis

As a self analysis exercise, the client was asked to express the incidents from his memory. Different aspects of his life and situation were examined together with the worker. Logical explanations to the incidents were discussed and the client and the worker developed meaning to each incident that was confusing for the client.

Use of Self analysis:

The process of self analysis was helpful for the client to identify the own life. A logical understanding of the different events of one’s life was the result of the self analysis.

Clarification

A clarification exercise was done for the client. By clarification, the worker tried to clarify the events in the life of the client and also to address the doubts and the thoughts of the client.

Use of Clarification:

The process of clarification was used by the worker to help the client understand his own situation and also to clarify the doubts he is having.

Discussion

The discussion was held to have a live and positive discussion and sharing of many experiences and thoughts of the client and to develop the confidence.

Use of Discussion:

With the discussion, the worker aimed to help the client ventilate his feelings and also talk about the life and problems of the client. There were both individual and group discussions.
Data Analysis and Interpretation

Psychological Wellbeing of Residents in Senior Care Homes - Case Work Intervention

Post Intervention Data Obtained

Figure 4.2.71: Post Intervention score of Positive Relation with others of Case 18

Average Score of Positive Relation with others for the respondent – 46

The client could understand the importance of the relationship and also maintaining the relationship. The client understood that maintaining positive relationship with friends and inmates of the home is essential for a good life.

The Mean Percentage of the Pretest and Post test Scores is as follows:

Mean Percentage

\[
\text{Mean Percentage} = \frac{\text{Actual Score} \times 100}{\text{Maximum Expected Score}}
\]

Table 4.2.18: Mean Percentage Scores of Case 18

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post test</th>
<th>Increase over Pre test</th>
</tr>
</thead>
<tbody>
<tr>
<td>P18</td>
<td>30.95</td>
<td>55.95</td>
<td>25</td>
</tr>
</tbody>
</table>
Data Analysis and Interpretation

The graph below provided the scores of Positive Relation with others before and after the intervention. The graph indicated the effects of intervention.

![Graph showing Positive Relation with others](image)

**Baseline Phase**  **Treatment Phase**

Figure 4.2.72: Pre and Post Intervention scores of Positive Relation with others of Case 18

**Conclusion**

The researcher could find that there was a significant change in the Mean Percentage of the Pre test and Post test scores of the Respondent which clearly indicated that intervention has made a significant change in the Positive relation with others of the respondent.

The graph shows a definite change in the positive direction and it shows that the intervention provided change positively and increases in mean percentage.

**4.2.2.7 Purpose in Life**

**Basic Information**

Name: Mr. A  
Age: 62  
Sex: Male  
Former Place of Residence: Urban
Data Analysis and Interpretation

Economic Status: Medium
Marital Status: Widower
Education: Secondary
Former Occupation: Private

Health Condition

The respondents did not have any serious illness. He had undergone an operation of Appendicitis in the year 2000.

Family Tree

![Family Tree of Case 19](image)

Pre Admission Life

The respondent was living with his wife before reaching the care home. The respondent has two children. Both are married and living with their family.

The respondent was working as a storekeeper in a famous jeweler in Kerala. He did his routing work without having more hope or thinking of any progress in life. He worked 25 years in the same firm, but ended up without any savings. He provide the best education to his children and was forced to spend all his livelihood for the same.

Pre Intervention Data Obtained

The score of Positive relation with others is obtained in a 14 point scale. The minimum score of the scale was 14 and the maximum score was 84.
Data Analysis and Interpretation

The following were the details collected from the respondent:

- The client did not have an urge for continuous growth. He only wanted to think of the present, because he believes that the future is problematic and did not want to face problems in his life. He didn’t have a sense of purpose in his life.

- He was actually bored with his daily life and didn’t want to have a same timetable in his life. He didn’t have an aim in life and the life is frustrating to him than a satisfying.

Inference:

The baseline information was collected and based on these data, it was concluded that the client has Low Score of Purpose in Life with a score of 28

Average Score of Purpose in Life of the respondent – 28

![Purpose in Life Graph](image)

Figure 4.2.74.: Pre Intervention score of Purpose in Life of Case 19

Mini Mental Status Examination

A mini mental status examination was conducted with 8 questions and each session was preceded with this MMSE.

Day 1: Scored 7 out of 8
Data Analysis and Interpretation

Psychological Wellbeing of Residents in Senior Care Homes- Case work Intervention

Day 2: Scored 7 out of 8
Day 3: Scored 7 out of 8
Day 4: Scored 7 out of 8
Day 5: Scored 7 out of 8

Case Work Process

The researcher uses a problem saving approach to solve the client’s difficulty. The techniques and methods of the Social Case Work and the principles of the Social Case Work are given emphasis throughout the Process.

Ego strengthening

Ego strengthening allows clients to see that out of every crisis or experience comes an opportunity to grow and learn. Clients will also be helped to come to a better understanding of their personal identity though an exploration of their goals, fears, dreams, ideals, and disappointments. Through worker–client interactions, the social worker will help clients let go of roles and ways of behaving that are no longer effective. Clients are taught that they are ultimately responsible for their present situation and the future they face.

Insight

Insight, widely used with this model of intervention, is an explanation or understanding provided by the social worker to the client as to the meaning of repressed experiences. Insight focuses on bringing to consciousness and illuminating unconscious conflicts—those that are repressed—and on helping the client understand how those conflicts continue to play out in the client’s current life, especially as they pertain to relationships and maladaptive behaviors such as procrastination or excessive stubbornness.

Group Treatment

Group treatment is used by social workers to encourage new awareness and support for those with similar problems, such as homeless teens or young mothers
who have experienced domestic abuse. The social worker meets regularly with the group and guides discussions, introducing healthy problem-solving and raising awareness of clients in distress. Social workers may have one or more groups to meet with in a therapeutic setting, as part of private practice or as court-ordered alternative to incarceration.

**Post Intervention Data Obtained**

![Figure 4.2.75: Post Intervention score of Purpose in Life of Case 19](image)

**Average Score of Purpose in Life for the respondent – 47**

The client understood the need for having a direction and purpose for his life.

The Mean Percentage of the Pretest and Post test Scores is as follows:

**Mean Percentage**

\[
\text{Mean Percentage} = \frac{\text{Actual Score} \times 100}{\text{Maximum Expected Score}}
\]

*Table 4.2.19: Mean Percentage Scores of Case 19*

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post test</th>
<th>Increase over Pre test</th>
</tr>
</thead>
<tbody>
<tr>
<td>P19</td>
<td>33.33</td>
<td>55.95</td>
<td>22.62</td>
</tr>
</tbody>
</table>
The graph below provided the scores of Purpose in Life before and after the intervention. The graph indicated the effects of intervention.

![Purpose in Life Graph]

**Baseline Phase**  
**Treatment Phase**

Figure 4.2.76: Pre and Post Intervention scores of Purpose in life of Case 19

**Conclusion**

The change in mean percentage of the scores of purpose in life before and after the intervention gives the score 8.34. This clearly indicated that there is an effect of the intervention on the purpose in life of the residents in the senior care home thereby on the psychological wellbeing.

**4.2.2.8 Purpose in Life**

**Basic Information**
Name: Ms. R
Age: 62
Sex: Female
Former Place of Residence: Rural
Economic Status: Medium
Data Analysis and Interpretation

Marital Status: Widow
Education: Secondary
Former Occupation: Nil

Health Condition

The respondent complained about serious pain in the legs. But the medical practitioner states that she didn’t have any serious illness. Her sensory capabilities are good. Only problem with her physical condition is the thought of pain.

Family Tree

![Family Tree Image]

Figure 4.2.77: Family Tree of Case 20

Pre Admission Life

The client reached the care home after the death of her husband. The client has two children- a son and a daughter. The son is an Engineer married and living with his wife and children. The daughter is also married and she is a Clerk in a bank in Trivandrum. The client was living with the husband and only source of income for the family was her husband. After the death of the husband, client started staying with son and daughter and found it difficult to adjust with them and hence shifted the residence to the care home.

Pre Intervention Data Obtained

The score of Positive relation with others is obtained in a 14 point scale. The minimum score of the scale was 14 and the maximum score was 84.

The following were the details collected from the respondent:
Data Analysis and Interpretation

- She didn’t have any goal to accomplish in her life and she felt her life as meaningless.
- She was anxious and worried about the life of his children and also didn’t want to stay with them.
- She often felt frustrated and worried.

Inference:

The baseline information was collected and based on these data, it was concluded that the client has Low Score of Purpose in Life.

Average Score of Purpose in Life for the respondent – 29

![Graph showing Purpose in Life score](image)

Figure 4.2.78.: Pre Intervention score of Purpose in Life of Case 20

Mini Mental Status Examination

A mini mental status examination was conducted with 8 questions and each session was preceded with this MMSE.

Day 1: Scored 8 out of 8

Day 2: Scored 5 out of 8

Day 3: Scored 5 out of 8
Data Analysis and Interpretation

Day 4: Scored 5 out of 8

Day 5: Scored 5 out of 8

Case Work Process

The researcher uses a problem saving approach to solve the client’s difficulty. The techniques and methods of the Social Case Work and the principles of the Social Case Work are given emphasis throughout the Process.

Self-understanding

It is a quality which a person must possess to effectively helping others. The caseworker helped the client to go through the process of “self exploration and self discovery” in order to “know thyself”. Self-discipline and Self-control have to follow self-understanding. Situation may be painful, upsetting, disturbing or provocative wherein the respondent may be engulfed with emotions and feelings. But an enormous self-control has to be exercised

Use of Self-Understanding:

The client could develop a self control and discipline as a result of the Self Understanding Exercise. She derived an understanding of her situations and also how her children behaved to her.

Role Play

The worker with the support of the management staff in the organization enacted the way the client behaves in the organization. The role play was found to be helpful for the client

Use of role Play

The client always loves to live in his own world. And hence the researcher was trying to open the world of the organization before him.
Data Analysis and Interpretation

Meditation

The researcher provided meditation to the client as the client always was in a mood to take a revenge on his elder son and wife. He believed that his elder son and wife was the reason for the death of his younger son. He believed that the wife and elder son played together to bring him to the Care Home.

Use of meditation:

As a result of meditation, he learned relaxation techniques and also his feeling of taking revenge was able to be suppresses.

Post Intervention Data Obtained

![Purpose in Life Graph]

Figure 4.2.79: Post Intervention score of Purpose in Life of Case 20

Average Score of Purpose in Life for the respondent – 44

The client understood the need for having an objective and aim in her life. She stopped worrying about her past and was asked to think positively on the events of the past and not to feel bad on the events of the life.

The Mean Percentage of the Pretest and Post test Scores is as follows:
Data Analysis and Interpretation

Mean Percentage

\[
\text{Mean Percentage} = \frac{\text{Actual Score}}{\text{Maximum Expected Score}} \times 100
\]

Table 4.2.20: Mean Percentage Scores of Case 20

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post test</th>
<th>Increase over Pre test</th>
</tr>
</thead>
<tbody>
<tr>
<td>P20</td>
<td>38.09</td>
<td>46.43</td>
<td>8.34</td>
</tr>
</tbody>
</table>

The graph below provided the scores of Purpose in Life before and after the intervention. The graph indicated the effects of intervention.

Figure 4.2.80: Pre and Post Intervention scores of Purpose in life of Case 20

Conclusion

The change in mean percentage of the scores of purpose in life before and after the intervention gives the score 8.34. This clearly indicated that there was an
Data Analysis and Interpretation

effect of the intervention on the purpose in life of the residents in the senior care home thereby on the psychological wellbeing.

4.2.2.9 Personal Growth

Details of the respondent
Name: Mr. G
Age: 62
Sex: Male
Former Place of Residence: Rural
Economic Status: Middle
Marital Status: Married
Education: Secondary
Former Occupation: Private

Health Conditions

The physical condition of the respondent was fine. The respondent faced the difficulty of Asthma. He had a good physical health with no other serious illnesses. The respondent no serious defects in sensory abilities and his memory were intact. He did not have any saving in his name..

Family Tree

![Family Tree of Case 21](image-url)
Data Analysis and Interpretation

Pre- Admission Life

The respondent was married and was staying with his wife and children. The respondent have two children, among whom one was still unmarried. Both the respondent and his wife were staying in the Care home. The respondent was working with as a Sales man in a Hardware shop in his town. He was staying in a rented house. His wife and the children were living with him. Both his children were educated and occupied. The elder son was working with a Jeweler as an accountant. The younger son was an Engineer and was working with a Construction Company. The respondent and his wife were brought to the care home by his elder son.

Pre Intervention Data Obtained

The researcher collected the data from the respondent. The researcher could find that the respondent was brought to the care home by his own elder son. The wife and the respondent were brought to the care home together.

The researcher discussed with the respondents and the summary of the data obtained was as follows:

The respondent was an educated and self made individual. The respondent led a life for his family members. He lived a life one day at a time and didn’t think about the future. He felt really bad on what he had done in the past. He never thought of the future. He didn’t think of the present and the future also. In his life, he believed that he didn’t gain anything and he was a failure in his life. He didn’t have a purpose or direction in life. He didn’t have any plans for the future and didn’t work to make any possible aims a reality. He didn’t set goals for himself. The daily activities are affected and those are unimportant to him.

Inferences:

Based on the baseline data collected and the discussions with the client, an inference was drawn. The respondent shows a low score of 28, which indicated that the Personal Growth of the client was LOW.
Mini Mental Status Examination

A mini mental status was obtained with 8 questions prior to every day’s session. An Eight question schedule was used as the tool for assessing the Mini Mental Status Examination.

Day 1: Scored 6 out of 8
Day 2: Scored 6 out of 8
Day 3: Scored 6 out of 8
Day 4: Scored 7 out of 8

Case Work Process

The researcher uses a strength based approach. The principles of Acceptance, Client elf Determination, Individualization and Self Determination were followed throughout the process.
Data Analysis and Interpretation

Summarization

To add up for the client in a purposeful and concise way, the factors and feelings he has presented in the given situation.

Exploration

Exploring through questioning and commenting is also useful when the worker wants clients to look in more depth at a certain subject. This helps in collecting relevant data for diagnostic purposes and may lead the client to think various unexplored areas of the problem, thus helping him to have insight into the problem.

Topical Shift

The worker purposely changes the subject of discussion perhaps because he thinks the topic under discussion is unproductive, a blind alley, or the client is telling a sensitive matter at present, etc.

Logical Reasoning

The worker tries to involve the client in a systematic and rational analysis of a situation that requires a decision. He should encourage the client to weigh alternative responses and to predict the possible consequences of each of the responses.

Post Intervention Data Obtained

Figure 4.2.83: Post Intervention score of Case 21

Psychological Wellbeing of Residents in Senior Care Homes- Case work Intervention 237
The score of Personal Growth of the respondent - 34

The researcher could find a very good change in the overall purpose in life of the respondent. He himself felt the confidence and final score also has got a positive deviation. According to him he felt more confident now than before. He felt himself definite and wanted to contact his son and wife.

The mean Percentage of the Pre and Post Test is as follows:

**Mean Percentage Score**

\[ \text{Mean Percentage Score} = \frac{\text{Actual Score}}{\text{Maximum Expected Score}} \cdot 100 \]

**Table 4.2.21: Mean Percentage Scores of Case 2**

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post Test</th>
<th>Increase over Pretest</th>
</tr>
</thead>
<tbody>
<tr>
<td>P 21</td>
<td>33.33</td>
<td>40.48</td>
<td>7.15</td>
</tr>
</tbody>
</table>

The change in the personal growth of the respondent can be clearly plotted in the below mentioned graph. Here the X axis denoted the Sessions, and Y axis denoted the Scores of personal growth.

![Graph showing Pre and Post Intervention scores of Personal Growth of Case 21](image-url)
Data Analysis and Interpretation

Conclusion

The researcher could find that the respondent inspite of his background felt the confidence to raise his opinion. His scores of Personal Growth were found to be increased after intervention process.

After the Intervention, the researcher could find that her independence and self-sufficiency were increased. The Scores also indicated the same.

4.2.2.10 Personal Growth

Basic Information

Name: Ms. P
Age: 62
Sex: Female
Former Place of Residence: Urban
Economic Status: Middle
Marital Status: Widow
Education: Secondary
Former Occupation: Private

Health Condition

The respondent did not report any serious illness. His vision, auditory and other sensory capabilities were excellent.

Family Tree

Figure 4.2.85: Family Tree of Case 22
Pre Admission Life

The respondent reached the care home after the death of her husband two years before the data collection was done. The respondent was living in the city of Kollam and was working with a private bank. The respondent only have a daughter who was a Sales Girl in a leading Textile Group in Kollam. She was married to a man who was working in Dubai. The daughter didn’t get pregnant after the 3 years of marriage. The in-laws used to mistreat her and hence she committed suicide.

Pre Intervention Data Obtained

The Personal Growth of the respondent was collected based on a 14 point scale. The baseline data was collected 5 times which gave an average score of 26. The respondent lived with her husband. Their only daughter committed suicide and also her husband died of heart attack.

The researcher discussed with the respondent and the following were the information received from the respondent:

- She was always reluctant to develop her horizon and knowledge circle. She always wanted to be in the safe side with her husband. She didn’t want to try new things. She was not interested in learning new things. She only have her husband and her daughter in her mind. She lived for them and no other world is seen by her.

- After the death of the husband, she felt herself that she felt that she had no one and hence she approached the care home. She thought herself that she didn’t have anyone in her life and her life was a failure.

Inference:

The baseline information was collected and based on these data, it was concluded that the client has Low Score of Personal Growth.

**Average Score of Personal Growth for the respondent – 27**
**Mini Mental Status Examination**

A mini mental status examination was conducted with 8 questions and each session was preceded with this MMSE.

Day 1: Scored 7 out of 8  
Day 2: Scored 7 out of 8  
Day 3: Scored 7 out of 8  
Day 4: Scored 7 out of 8  
Day 5: Scored 7 out of 8

**Case Work Process**

The researcher uses a problem saving approach. The principles of Acceptance, Individualization, Confidentiality, and Purposeful express of Feeling and Self Determination was followed throughout the process.

**Supportive Techniques**

The researcher uses supportive technique in dealing with the client. The supportive techniques are used to obtain the confidence of the worker and also the enhance the coping skill of the client.
Data Analysis and Interpretation

Use of Supportive Technique:

The worker used the acceptance as technique in dealing with the client.

Clarification

A clarification exercise was done for the client. By clarification, the worker tried to clarify the events in the life of the client and also to address the doubts and the thoughts of the client.

Use of Clarification:

The process of clarification was used by the worker to help the client understand his own situation and also to clarify the doubts he is having.

Discussions and Charts

The discussions and chart making were done with the primary aim to help the client develop the knowledge of her lack of Environmental Mastery and a “TO DO” list was prepared by the client and worker to bring her out of the low scores of Psychological wellbeing. Everyday discussion was put into the form of a chart so that the client could rethink and behave before the next session.

Post Intervention Data Obtained

![Personal Growth Chart](image)

Figure 4.2.87: Post Intervention score of Personal Growth of Case 22
Average Score of Personal Growth for the respondent – 37

The respondent developed the confidence and which helped her to manage the affairs at the Home effectively. She felt herself confident in managing her life style. She could now feel confident in building up relationships with her fellow residents. Now she could engage herself in helping the fellow residents and making her life busy. The client also had developed a better relation with other residents in the care home. She developed confidence and her relationship with other members developed positively.

The Mean Percentage of the Pretest and Post test Scores is as follows:

Mean Percentage

\[
\text{Mean Percentage} = \frac{\text{Actual Score} \times 100}{\text{Maximum Expected Score}}
\]

Table 4.2.22: Mean Percentage Scores of Case 22

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post test</th>
<th>Increase over Pre test</th>
</tr>
</thead>
<tbody>
<tr>
<td>P22</td>
<td>32.14</td>
<td>44.05</td>
<td>11.91</td>
</tr>
</tbody>
</table>

The change in the personal growth can be clearly plotted in the below graph. Here the X axis denoted the Sessions (5 before intervention and 5 after the intervention) and Y axis denoted the Score of Personal Growth scored by the respondent.
Data Analysis and Interpretation

Psychological Wellbeing of Residents in Senior Care Homes - Case Work Intervention

![Graph: Personal Growth](image)

**Baseline Phase**  **Treatment Phase**

Figure 4.2.88: Pre and Post Intervention scores of Personal Growth of Case 22

**Conclusion**

The researcher could found that there was a significant change in the Mean Percentage of the Pre test and Post test scores of the Respondent which clearly indicated that intervention has made a significant change in the life of the respondent.

The graph shows a definite change in the positive direction and it shows that the intervention provided change positively and increases in mean percentage.

**4.2.2.11 Self Acceptance**

**Basic Information**

Name: Mr. R  
Age: 63  
Sex: Male  
Former Place of Residence: Urban  
Economic Status: Middle  
Marital Status: Separated  
Education: Secondary  
Former Occupation: Private
Data Analysis and Interpretation

Health Condition

The respondent did not report any serious illness. His vision, auditory and other sensory capabilities were excellent.

Family Tree

![Family Tree of Case 23]

Pre Admission Life

The respondent was living with the relatives prior to reaching the care home. The respondent left his wife when they had two children. The wife was staying with the children. The respondent reached the care home as the relatives were not willing to take care of the respondent.

Pre Intervention Data Obtained

The Personal Growth of the respondent was collected based on a 14 point scale. The baseline data was collected 5 times which gave an average score of 30.

The researcher discussed with the respondent and the following were the information received from the respondent:

- The respondent never felt confident in the activities he did or about oneself. She was of the thought that she was a failure in his life and felt that he had much more to accomplish in his life. He didn’t like his character or personality. He used to complain about the personality of his own.
**Data Analysis and Interpretation**

- He felt disappointed about his achievements in life. He felt that he had made some mistakes in the past. He never thought of him positively. He felt discouraged in many instances. He believed that he was a man of weaknesses.

**Inference:**

The baseline information was collected and based on these data, it was concluded that the client has Low Score of Personal Growth.

**Average Score of Self Acceptance for the respondent – 30**

![Self Acceptance Graph](image)

Figure 4.2.90: Pre Intervention score of Self Acceptance of Case 23

**Mini Mental Status Examination**

A mini mental status examination was conducted with 8 questions and each session was preceded with this MMSE.

Day 1: Scored 7 out of 8

Day 2: Scored 7 out of 8

Day 3: Scored 7 out of 8

Day 4: Scored 7 out of 8

Day 5: Scored 7 out of 8
Data Analysis and Interpretation

Case Work Process

The researcher uses a problem saving approach. The principles of Acceptance, Individualization, Confidentiality, and Purposeful express of Feeling and Self Determination was followed throughout the process.

Generalisation (Universalisation)

This technique is used to minimize guilt or anxiety feelings in the client by generalizing the nature of events or reactions; for example, one can say, “every child masturbates during adolescent period; we all feel the same way in the situation you are passing through”. In effect it tells the client that his feelings and reactions are universal and normal to the situation, therefore, he need not feel guilty or anxious about these events and/or reactions.

Explaining

This technique is used for helping the client to understand the situation or events in its various aspects with possible implications for the clients. The worker tries to put all the aspects of the situation/event in detail and in proper sequence to enable the client to have better intellectual understanding and appreciation of the situation/event. This helps him to take proper decision and allays his apprehensions and corrects misperception. Sometimes one may take the help of theoretical knowledge also.

Pattern-dynamic reflection

Pattern-dynamic reflection consists of helping clients to consider, through reflection, those psychological patterns associated with their behavior, along with the defense mechanisms employed with the aid of the social Clients are encouraged to examine the dynamic relationships associated with their behavior. The goal is to have clients look beyond inappropriate reactions and to consider the intrapsychic content associated with the behavior. To do this, the social worker may confront maladaptive and inconsistent behavior.
Data Analysis and Interpretation

Systematic-desensitization

Systematic-desensitization is the preferred intervention for anxiety and phobias occurring in situations not involving humans. For social anxiety—anxiety in the presence of people—Wolpe developed the technique of assertiveness training. Assertiveness, considered incompatible with anxiety, is for candidates who have difficulty expressing their feelings or their likes and dislikes. As a result, they are often taken advantage of and experience anxiety in social situations. A low sense of self-esteem is also a common characteristic.

Post Intervention Data Obtained

![Graph showing self-acceptance scores](image)

Figure 4.2.91: Post Intervention score of Self Acceptance of Case 23

Average Score of Self Acceptance for the respondent – 37

The respondent developed the confidence and which helped her to manage the affairs at the Home effectively. She felt herself confident in managing her life style. She could now feel confident in building up relationships with her fellow residents. Now she could engage herself in helping the fellow residents and making her life busy. The client also had developed a better relation with other residents in the care home. She developed confidence and her relationship with other members developed positively.

The Mean Percentage of the Pretest and Post test Scores is as follows:
Mean Percentage

\[
\frac{\text{Actual Score}}{\text{Maximum Expected Score}} \times 100
\]

Table 4.2.23: Mean Percentage Scores of Case 23

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post test</th>
<th>Increase over Pre test</th>
</tr>
</thead>
<tbody>
<tr>
<td>P23</td>
<td>35.71</td>
<td>44.05</td>
<td>8.34</td>
</tr>
</tbody>
</table>

The change in the Self Acceptance can be clearly plotted in the below graph. Here the X axis denoted the Sessions (5 before intervention and 5 after the intervention) and Y axis denoted the Score of Self Acceptance scored by the respondent.

Figure 4.2.92: Pre and Post Intervention scores of Personal Growth of Case 23

Conclusion

The researcher could found that there was a significant change in the Mean Percentage of the Pre test and Post test scores of the Respondent which clearly indicated that intervention has made a significant change in the life of the respondent.
Data Analysis and Interpretation

The graph shows a definite change in the positive direction and it shows that the intervention provided change positively and increases in mean percentage. The respondent showed a change in mean percentage score of 8.34 which showed that the intervention is effective.

4.2.1.11 Self Acceptance

Basic Information
Name: Ms. A
Age: 62
Sex: Female
Former Place of Residence: Rural
Economic Status: Medium
Marital Status: Married
Education: Secondary
Former Occupation: Private

Health Condition

The sensory capabilities of the respondents were good and no serious illnesses were reported. The respondent was a diabetic patient for the last 12 years. She also had Blood pressure and Cholesterol, but are under control.

Family Tree

Figure 4.2.93: Family Tree of Case 24
Data Analysis and Interpretation

Pre Admission Life

The client and her husband were staying in the Care home. The client had two children- a son and a daughter. Both are married and were staying with the family. Both the children had one child each.

The children are staying happily with their family and hence the old parents reached the care home by their own wish.

Pre Intervention Data Obtained

The score of Self Acceptance was obtained in a 14 point scale. The minimum score of the scale was 14 and the maximum score was 84.

The following were the details collected from the respondent:

- She hate herself for being lived for her husband and son. She thought herself as a failure in her life and she wondered at others, how they could manage their life without being affected by most of the issues.
- She was disappointed with the life events and always felt that she was a failure in life. She always wanted to be alone. She used to write many poems on whatever topics she finds interesting and used to sing these poems aloud. Her only activity was this.
- She believes that she has more weakness than everyone else in this world. She compared herself with other friends and used to be sad. She felt herself discouraged about her past life events and how she lived her life.
- She never thinks positively about her. She is a narrow minded and envies other people.

Inference:

The baseline information was collected and based on these data, it was concluded that the client has Low Score of Self Acceptance

Average Score of Self Acceptance for the respondent – 32
Mini Mental Status Examination

A mini mental status examination was conducted with 8 questions and each session was preceded with this MMSE.

Day 1: Scored 8 out of 8
Day 2: Scored 5 out of 8
Day 3: Scored 5 out of 8
Day 4: Scored 5 out of 8
Day 5: Scored 5 out of 8

Case Work Process

The researcher uses a problem saving approach to solve the client’s difficulty. The techniques and methods of the Social Case Work and the principles of the Social Case Work are given emphasis throughout the Process.
Sustaining techniques

Sustaining techniques involve the generic communication skills of encouragement (nods of the head, statements such as “yes” and “go on,” and an attentive posture) along with empathy, positive regard, and genuineness. Direct practice incorporates the use of advice or the offering of suggestions. In one fashion or another, the worker offers an opinion about what action a client might take. Caution ought to be used with this technique; opinions need to be offered in subtle forms.

Ego strengthening

Ego strengthening allows clients to see that out of every crisis or experience comes an opportunity to grow and learn. Clients will also be helped to come to a better understanding of their personal identity though an exploration of their goals, fears, dreams, ideals, and disappointments. Through worker–client interactions, the social worker will help clients let go of roles and ways of behaving that are no longer effective.

Systematic-desensitization

Systematic-desensitization is the preferred intervention for anxiety and phobias occurring in situations not involving humans. For social anxiety—anxiety in the presence of people—Wolpe developed the technique of assertiveness training. Assertiveness, considered incompatible with anxiety, is for candidates who have difficulty expressing their feelings or their likes and dislikes. As a result, they are often taken advantage of and experience anxiety in social situations. A low sense of self-esteem is also a common characteristic.

Affirmation

This technique is the giving of open confirmation to the child’s valid appraisal of his own behavior or feelings, or to his realistic appraisal of observations of the behavior and attitude of others. However, because of the child’s genera; lack of insight into the social significance of his problems, he can’t be expected to make this valid appraisal often.
Data Analysis and Interpretation

Post Intervention Data Obtained

![Self Acceptance Graph](image)

Figure 4.2.95: Post Intervention score of Self Acceptance of Case 24

Average Score of Purpose in Life for the respondent – 37

The client understood the need for having an objective and aim in her life. She stopped worrying about her past and was asked to think positively on the events of the past and not to feel bad on the events of the life.

The Mean Percentage of the Pretest and Post test Scores is as follows:

Mean Percentage

\[
\text{Mean Percentage} = \frac{\text{Actual Score}}{\text{Maximum Expected Score}} \times 100
\]

Table 4.2.24: Mean Percentage Scores of Case 24

<table>
<thead>
<tr>
<th>Individual</th>
<th>Pre test</th>
<th>Post test</th>
<th>Increase over Pre test</th>
</tr>
</thead>
<tbody>
<tr>
<td>P24</td>
<td>38.09</td>
<td>40.48</td>
<td>2.39</td>
</tr>
</tbody>
</table>

The graph below provided the scores of Self Acceptance before and after the intervention. The graph indicated the effects of intervention.
Data Analysis and Interpretation

Psychological Wellbeing of Residents in Senior Care Homes- Case work Intervention

Figure 4.2.96: Pre and Post Intervention scores of Self Acceptance of Case 24

Conclusion

The change in mean percentage of the scores of self acceptance before and after the intervention gives the score 2.39. This clearly indicated that there is an effect of the intervention on the purpose in life of the residents in the senior care home thereby on the psychological wellbeing.

4.3 Hypothesis Testing

As the present research study follows the single subject research design, the statistical test used for the hypothesis testing was **Split-middle method of trend estimation**. This method is developed by White and Haring. This method is often called the “celeration line” approach. The procedure is designed to demonstrate whether the data are displaying an accelerating, decelerating or stationary trend. The objective is to apply a “best-fit” trend line to the data points within a phase. The trend line is computed using data in the baseline phase. The line is then extended to the treatment phase to evaluate the effect of intervention on the subject’s performance. The effect of treatment is assessed by comparing the proportion of data points above and below the line across the two phases. If treatment is not effective, the proportion of data points below the line should remain the same in both the baseline phase and the treatment phase. (White & Haring, 1980)
Data Analysis and Interpretation

4.3.1 Hypothesis 1:

The feeling of Autonomy will increase as a result of the intervention on psychological wellbeing.

![Graph showing Autonomy scores over time](image)

Figure 4.3.1: Celeration line for Hypothesis 1

The above graph clearly explained that the intervention has contributed positively to the Autonomy of the respondent. The before and after intervention scores of the four respondents clearly indicated the positive effect of the intervention. Moreover the mean percentage scores of the before and after scores of the intervention indicated the result.

Table 4.3.1: Mean Percentage scores of the Autonomy of the respondents for Hypothesis 1

<table>
<thead>
<tr>
<th>Case</th>
<th>Pre Intervention mean percentage</th>
<th>Post Intervention mean Percentage</th>
<th>Change over mean Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>34.52</td>
<td>40.48</td>
<td>5.96</td>
</tr>
<tr>
<td>2</td>
<td>32.14</td>
<td>38.09</td>
<td>5.95</td>
</tr>
<tr>
<td>3</td>
<td>36.90</td>
<td>46.43</td>
<td>9.53</td>
</tr>
<tr>
<td>4</td>
<td>33.33</td>
<td>44.05</td>
<td>10.72</td>
</tr>
</tbody>
</table>
Data Analysis and Interpretation

Inference:

The hypothesis is accepted. Hence it is clear that the case work intervention has created a significant increase in the Autonomy of the residents in Care Homes. Thus the intervention is found to be effective for dealing with the autonomy of the residents in the senior care home in Kerala.

4.3.2 Hypothesis 2:

The intervention on psychological wellbeing will improve the Environmental Mastery

![Figure 4.3.2: Celeration line for Hypothesis 2](image)

The hypothesis 2 measures the effectiveness of the intervention programme on the environmental mastery of the respondents in the care home. The four cases were provided with the intervention on Environmental mastery. The scores before and after the intervention programme is analyzed.

The celeration line is plotted with the scores of the 4 cases, two from the government and two from private was plotted in the above graph. The baseline phase showed the scores of the environmental mastery of the residents before they are exposed to the treatment phase and the other sets of scores are plotted after the intervention. The acceleration is clear and hence it confirms the significance of the intervention on the environmental mastery of the resident.
Table 4.3.2: Mean Percentage scores of the Environmental Mastery of the respondents

<table>
<thead>
<tr>
<th>Case</th>
<th>Pre Intervention mean percentage</th>
<th>Post Intervention mean Percentage</th>
<th>Change over mean Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>34.52</td>
<td>40.48</td>
<td>5.96</td>
</tr>
<tr>
<td>2</td>
<td>32.14</td>
<td>38.09</td>
<td>5.95</td>
</tr>
<tr>
<td>3</td>
<td>38.9</td>
<td>46.43</td>
<td>8.34</td>
</tr>
<tr>
<td>4</td>
<td>35.71</td>
<td>44.05</td>
<td>8.34</td>
</tr>
</tbody>
</table>

Inference:

The hypothesis is accepted. Hence it is concluded that the intervention on psychological wellbeing of the residents significantly increase the environmental mastery of the residents.

4.3.3 Hypothesis 3:

The feeling of personal growth will develop as a result of the intervention on psychological wellbeing.

Figure 4.3.3: Celeration line for Hypothesis 3
Data Analysis and Interpretation

The acceleration line plotted with the scores of the residents who are given the intervention on the Personal Growth clearly indicated a positive change in their performance. The scores before and after the intervention clearly depicted the acceleration of the scores and hence the hypothesis is accepted.

Table 4.3.3: Mean Percentage scores of the Personal Growth of the respondents

<table>
<thead>
<tr>
<th>Case</th>
<th>Pre Intervention mean percentage</th>
<th>Post Intervention mean Percentage</th>
<th>Change over mean Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>30.95</td>
<td>39.28</td>
<td>8.33</td>
</tr>
<tr>
<td>2</td>
<td>33.33</td>
<td>44.05</td>
<td>10.72</td>
</tr>
<tr>
<td>3</td>
<td>33.33</td>
<td>40.48</td>
<td>7.15</td>
</tr>
<tr>
<td>4</td>
<td>32.14</td>
<td>44.05</td>
<td>11.91</td>
</tr>
</tbody>
</table>

Inference:

The hypothesis is accepted. There is a significant change in the personal growth of the residents with the intervention on psychological wellbeing. The scores and the acceleration line showed the clear change in its path before and after the intervention programme being applied to the respondent. Hence it can be concluded that there is a significant effect of the intervention programme son the personal growth of the respondents in the senior care home.

4.3.4 Hypothesis 4:

Positive relation with others of the residents will improve with the intervention on psychological wellbeing.
The above plotted celeration line shows that there is a positive significance of the intervention on the positive relation with others. The result revealed that the intervention has agreed that there is an acceleration of the scores of the residents in care home after the implementation of the Intervention programme.

**Table 4.3.4: Mean Percentage scores of the Positive Relation with others of the respondents**

<table>
<thead>
<tr>
<th>Case</th>
<th>Pre Intervention mean percentage</th>
<th>Post Intervention mean Percentage</th>
<th>Change over mean Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>38.09</td>
<td>46.43</td>
<td>8.34</td>
</tr>
<tr>
<td>2</td>
<td>36.90</td>
<td>50</td>
<td>13.1</td>
</tr>
<tr>
<td>3</td>
<td>32.14</td>
<td>52.38</td>
<td>20.24</td>
</tr>
<tr>
<td>4</td>
<td>30.95</td>
<td>55.95</td>
<td>25</td>
</tr>
</tbody>
</table>

**Inference:**

The hypothesis is accepted. Hence it can be concluded that the intervention bring out positive change in positive relation of the resident.
4.3.5 Hypothesis 5:

The intervention on psychological wellbeing and the self acceptance are significant.

![Figure 4.3.4: Celeration Line for Hypothesis 5](image)

The scores of baseline phase and the post intervention phase is plotted in the celeration line. The graph clearly indicated that the scores deviate positively after the treatment, i.e., intervention. Thus it can be concluded that there is a positive effect of the intervention on the self acceptance of the residents.

<table>
<thead>
<tr>
<th>Case</th>
<th>Pre Intervention mean percentage</th>
<th>Post Intervention mean Percentage</th>
<th>Change over mean Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>36.90</td>
<td>44.05</td>
<td>7.15</td>
</tr>
<tr>
<td>2</td>
<td>35.71</td>
<td>48.81</td>
<td>13.1</td>
</tr>
<tr>
<td>3</td>
<td>35.71</td>
<td>44.05</td>
<td>8.34</td>
</tr>
<tr>
<td>4</td>
<td>38.09</td>
<td>40.48</td>
<td>2.39</td>
</tr>
</tbody>
</table>

*Table 4.3.5: Mean Percentage scores of the Self Acceptance of the respondents*
Inference:

The hypothesis is accepted. Hence, the intervention on psychological wellbeing and the self acceptance are significant

4.3.6 Hypothesis 6:

The intervention on psychological wellbeing is significantly related to the purpose of life.

![Graph showing the increase in scores over time for different cases.](image)

Figure 4.3.6: Celeration Line for Hypothesis 6

The celeration line showed that there is positive significance for the scores of the residents before and after the intervention. The graph rightly pointed out that the scores accelerated positively and hence the hypothesis is accepted.

<table>
<thead>
<tr>
<th>Case</th>
<th>Pre Intervention mean percentage</th>
<th>Post Intervention mean Percentage</th>
<th>Change over mean Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>38.09</td>
<td>46.43</td>
<td>8.34</td>
</tr>
<tr>
<td>2</td>
<td>33.33</td>
<td>42.86</td>
<td>9.53</td>
</tr>
<tr>
<td>3</td>
<td>33.33</td>
<td>55.95</td>
<td>22.62</td>
</tr>
<tr>
<td>4</td>
<td>34.52</td>
<td>52.38</td>
<td>17.86</td>
</tr>
</tbody>
</table>

Table 4.3.6: Mean Percentage scores of the Purpose in Life of the respondents
**Data Analysis and Interpretation**

**Inference:**

The hypothesis is accepted. Hence it can be concluded that the intervention on psychological wellbeing of the residents in the care home has created a change in the purpose in life of the residents.

**Conclusion**

The data analysis of method focused study on psychological wellbeing was presented in three main areas. The first part on the quantitative aspect of the study which included the presentation of the data from the government and private care home. The second is the case work process that was implemented to the 24 respondents; 12 from government senior care home and the 12 from private senior care home. Third consist of the hypotheses testing using the celeration line.