

**A STUDY TO EVALUATE THE EFFECTIVENESS OF
AROMA THERAPY ON LEVEL OF DEPRESSION
AMONG SENIOR CITIZENS IN SELECTED
OLDAGE HOME, COIMBATORE.**

By

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**A DESSERTATION SUBMITTED TO
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DEGREE OF MASTER OF SCIENCE IN NURSING**

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CERTIFICATE

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ABSTRACT

A study to evaluate the effectiveness of aromatherapy on depression among senior citizens residing in selected oldage home, Coimbatore.

The present study was conducted in Vadavelli at Coimbatore District. Pre experimental one group pretest and posttest design was used for this study. Permission was obtained from the chairman of the oldage home and oral consent was obtained from subjects. Data collection was done over the period of 4 weeks. The investigator selected 40 senior citizens through convenience sampling technique. In pre test, Geriatric depression scale was used for assessing the level of depression among senior citizens. Investigator applied 5 drops of Neroli oil with 10ml of coconut oil at the forehead of the subjects once in a day for 15 days. After completion of the intervention post test was done. Descriptive and inferential statistics were used to analyse the findings of the study.

There was highly significant difference ($P < 0.01$) in the mean score of level of depression among Senior Citizens. The mean score were pretest 19.7 [\pm 4.22] and post test 15.95 [\pm 4.74]. There was a significant association ($P < 0.05$) was found between the depression score and selected demographic variables like gender, education, previous occupation, chronic health problems, marital status, support system.

It is concluded that aromatherapy helps to reduce the level of depression among the senior citizens.

CHAPTER – I

INTRODUCTION

*“As the age grows, and there is the yearning
The yearning to be young, and feel the blessing
That is the time to do aromatherapy
Cos it is the best thing for the elderly.”*

-Anonymous.

Ageing is an irreversible process. In the words of “SENECA”, “oldage is an incurable disease.” There is 81 million senior citizens in India. 11 Lakhs in Delhi. 90% of senior citizens are from unorganized sector with no social security, 40% below poverty line, 75% rural areas, 73% illiterate. Depression in senior citizens is a widely under recognized and under treated medical illness. The risk of other medical illness along with ability to function becomes limited.

Depression is one of the major causes of decline in the health related quality of life for Senior Citizens age 65 years and above. **Journal of the American Geriatric Society 2011.**

Depression statistics in U.K states that older people in depression mostly have risk of committing suicide. One fourth of total suicides are committed by the elderly people. About 6 million elderly people suffer from depression. it has been observed that elderly women experience depression more than elderly men. **Depression statistics. html 2010.**

Depression is a common psychiatric disorder. Persons who are depressed they have feelings of sadness, loneliness, irritability, worthlessness, hopelessness, agitation and guilt that may be accompanied with other physical symptoms. Lisa K. Sharp and

Martin reported that in the primary care settings, depression is the second most common chronic disorder.

World health report states that life time risk of developing depression is 10-20% higher in females compare to males.

On average, 12% of patients have major depression. The degrees of suffering and disability associated with depression are to those in most chronic medical conditions. Early identification and proper treatment significantly decrease negative impact of depression in most patients. Most patients with depression can be effectively treated with pharmaco therapeutic and many psycho therapeutic modalities like music therapy, re motivational therapy, recreational therapy and aroma therapy.

National Crime Records Bureau states some facts and figures about depression. Nearly, 5-10% of persons in the community at a given time are in need of help for depression. As much as 8-20% of persons carry the risk of developing depression during their life time. Women have higher rates of depression than men. Race or ethnicity does not influence the prevalence of depression.

Aroma therapy is getting a therapeutic benefit from aroma of essential oils created from a different categories of materials like lemon, orange, rose, jasmine, widely used around the world to help people to overcome a number of ailments like headache, body pain, stress, depression, and many encounter in their daily lives. This therapy is more benefit to our physical, mental, emotional and psychological well-being. – **Joe cinnova 2011.**

Aroma therapy can be helpful in a mild, gentle way in reducing stress, improving alertness, helping to relax and induce sleep. It appears in lemon and orange odour may help to stabilize the mood. – **Ray Sahelian., M.D.**

NEED FOR THE STUDY

“Make hay while the sun shines.”

Use aromatherapy for the elderly and become young again.

-Anonymous.

Older adults are the most rapidly growing segment of the population. Today there are about 77 million aged people in India. (i.e) above 60 years of age.

– Sreevani.

In India, a new trend is being observed. Most of the senior citizens seeking accommodation in the oldage home belongs to middle class. Help age is a non governmental and non profit organization which take care of senior citizens and aged population of India. India has over 1000 oldage homes. Help age provides help and support to 194 oldage homes.

National Institute on Ageing reports that, In 1980, there were 7,20,000 people aged 90years and older in united states. In 2010, there were 1.9 million people aged 90 and older, by 2050 90 years and older may reach 9 million.

National institute of Mental Health report says, over 35 million Americans who are 65 years or older in this 7 million suffer from some form of depression. About 2 million suffer from full blown depression, 5 million suffer from less severe forms of the illness. – **NIMH 2009.**

American Psychiatric Association reports that 80 years or older have highest suicide rates caused by depression. Depression symptoms occur 15% of seniors living with in the community and 25% of seniors with in a nursing homes. –**APA 2009**.

Findings, which is published on American Journal of Psychiatry, analyzed data from 6,651 people over the age of 70 years around the nation. Ann Arbor Health care System conducted a survey and that is the first analysis of its kind, that result shows 18%of seniors reported having 4 to 8 depressive symptoms, 44% had 1 to 3 symptoms, 1 to 5% have serious major depression, 7 to 23% have mild depression.

Depression is one of the conditions most commonly associated with suicide in older adults. Estimates of major depression on older people living in community range from <1% to about 5%, but rises to 13.5% who require home health care and 11.5% in elderly hospital patients. 5 million have sub syndromal depression leads to major depression.

Depression is one of the common problem of senior citizens. It is one of the second leading problem. There are many treatment modalities for depression. One of the psychological other benefit of Aroma therapy are alleviate pain, remove congestion, heal stiff joints and muscles, arthritis, reduce depression. So, researcher also have interested to select this.

Essential oils for uplifting the spirit, Neroli from the flower of bitter oranges, Neroli is called for a core level, for the type of depression that comes from nervous and emotional exhaustion. Neroli uplifts the mind and spirit, Neroli assists in retrieving and releasing repressed emotions, Neroli is specifically indicated for

individuals who, in order to escape from emotional pain and sufferings. –

Aromatherapy and essential oils.

Aroma therapy is effective in dealing with stress, depression and its related disorders. Depression is an umbrella term encompassing a spectrum of problems and symptoms which could lead to more serious illness. Though Aroma therapy cannot fix the root of the problem, it has an uplifting effect on the mind and emotions. It helps to relax or be energized and creates a feeling of well being. Aroma therapy can help on mild forms of depression by easing mental fatigue and helping with sleep. – **Kevin Pederson.**

This study helps to provide insight into the needs, expectation and problems of elderly to recommend for providing Aroma therapy. The study would generate information for providing geriatric, Aroma therapy and depression. Investigator felt that the increase of senior citizen in country and increase life expectancy and problems faced by elderly, as well as effect of Aroma therapy for depression, increase of depression made the investigator to do this study.

STATEMENT OF THE PROBLEM

A study to evaluate the effectiveness of AromaTherapy on Depression among Senior Citizens residing in selected old age home, Coimbatore.

OBJECTIVES

- To assess the level of depression among senior citizens before and after aromatherapy.
- To evaluate the effectiveness of aromatherapy on level of depression among senior citizens.

- To associate the post test level of depression among senior citizens with their selected demographic variables.

HYPOTHESIS

H₁: There will be a significant difference in the level of depression among senior citizens before and after aromatherapy at $p < 0.05$ level of significance.

H₀: There will be a significant association between the post test scores of level of depression among senior citizens and their selected demographic variables at $p < 0.05$ level of significance.

OPERATIONAL DEFINITION:

Effectiveness :

It refers to statistically significant change in the level of depression among senior citizens after aromatherapy

Aroma therapy:

In this study it refers to the application of neroli oil 5 drops with 10ml of coconut oil at the forehead of the senior citizens with depression once in a day for 15 days.

Depression :

It refers to the mood change in which senior citizens are sad, worried, loss of interest in life, feels helpless, hopeless and worthless as measured by geriatric depression scale.

Senior citizens:

People at the age group of 65 and above, both male and female who are residing in selected oldage home.

ASSUMPTIONS:

- Level of depression may differ in between male and female.
- Majority of the senior citizens staying at old age home may have different level of depression.
- Aroma therapy may bring change in the level of depression among oldage people.

DELIMITATION:

- The study is limited to the senior citizens who are staying in the specified old age home.
- The study is limited to the age group of 65 years and above.

CONCEPTUAL FRAME WORK

Conceptual frame work is based on inter related concepts that are assembled together in the same rational scheme by virtue of their relevance to a common theme. The development of conceptual framework is a fundamental process required before conducting actual research, because it guides each stage of the process.

The conceptual framework selected for this study was based on “Kings Theory of Goal Attainment Model” proposed by Imogene King in the year 1989, the concepts of theory are perception, judgement, action and reaction, interaction and transaction.

Perception refers to each person’s representation of reality. Perceptions are related to past experiences, concept of self, socio- economic group, educational background. In this study, the investigator perceives the senior citizens age, gender, religion, type of family, education, previous occupation, marital status, chronic health

problems, leisure time activity, duration of stay in oldage home, number of children, support system.

Judgement or decision making is a dynamic and systematic process by which goal directed choice of perceived attention is made and acted upon by individuals or groups to answer a question and attain a goal. In this study, action of the investigator applying Geriatric Depression Scale to assess the level of depression among senior citizens. Reaction meant to be the outcome of the action is classified as mild, moderate, severe depression.

Interaction or implementation is a process of perception and is communicated between person and environment and between person and person represented by verbal and non verbal behaviour that are goal directed. In this study the investigator provide intervention Aroma therapy by applying 5 drops of Neroli oil and 10 ml of coconut oil at the forehead of the senior citizens.

Transaction represents the valuation component of intervention. In this study, the investigator evaluates the level of Depression among senior citizens after Aroma therapy by using Geriatric Depression Scale.

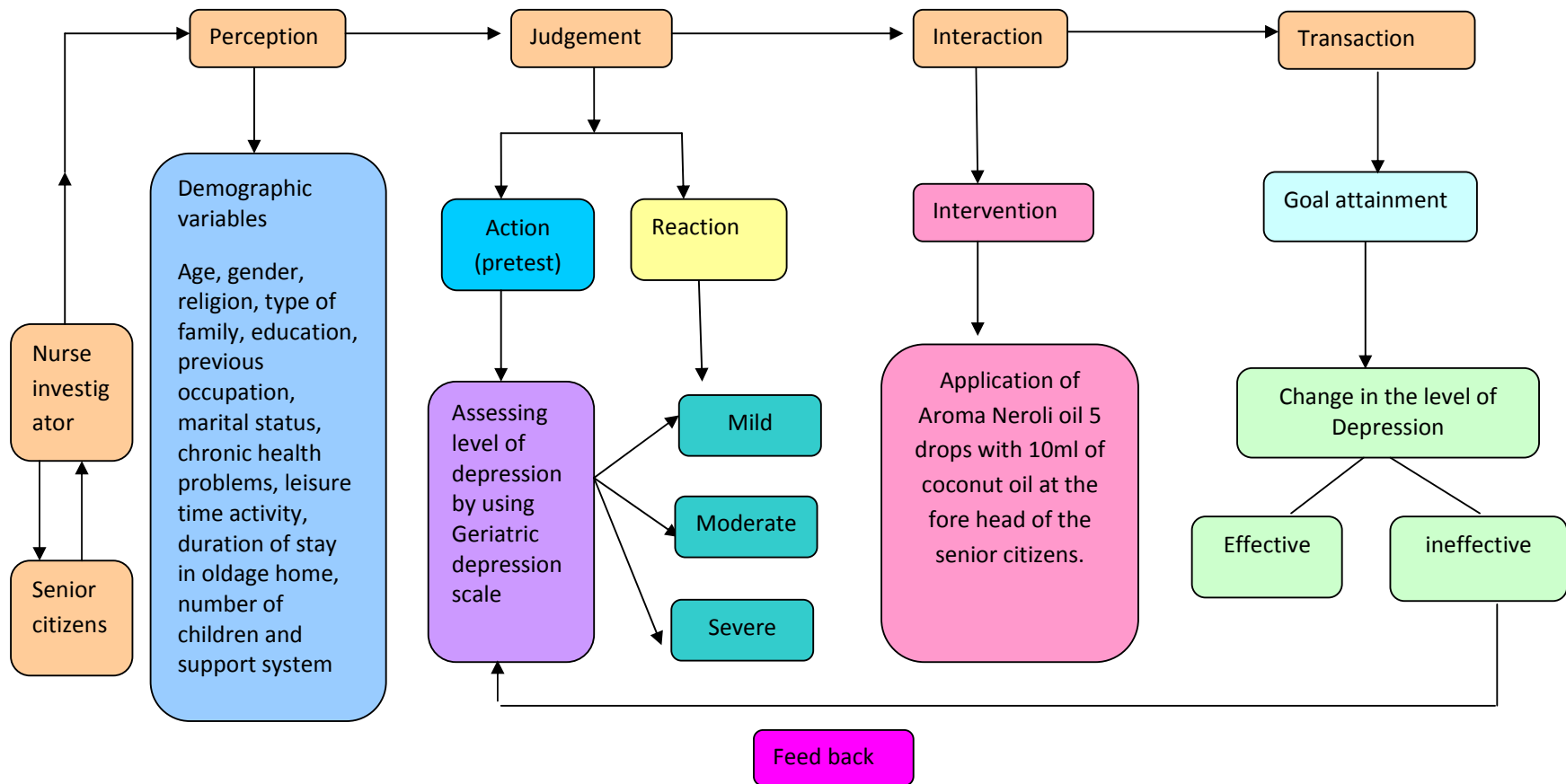


Figure 1.1 CONCEPTUAL FRAMEWORK BASED ON KING'S GOAL ATTAINMENT MODEL MODIFIED (1989)

CHAPTER – II

REVIEW OF LITERATURE:

Reviews are collected on the basis of following headings:

- i. Literature related to depression .
- ii. Literature related to aroma therapy.
- iii. Literature related to aroma therapy for depression.
- iv. Literature related to aromatherapy on depression among Senior citizens.

I . Literature related to depression:

Ian colman,et,al. (2011) conducted a study to identify factors associated with long term negative prognosis of depression, 585 people aged 16 years and older participated in 2000/01 cycle of National Population Health Survey and who reported experiencing major depressive episode in 2000/01. The primary outcome was the course of depression until 2006/07. We grouped individuals into trajectories of depression of depression using growth trajectory models. Demographic, mental and physical health factors predictors in the multivariable regression model to compare people with different trajections. Study result shows whose depression resolved and did not recur[44.7%] and who experienced repeated episodes [55.3%] in multi-variable model, daily smoking[2.68], low mastery[1.10] history of depression[3.5]were significant predictors of repeated episodes of depression.

The university of pittsburg (2011) conducted a descriptive study of 60 senior citizens with back pain for depression. The study result shows 25 person has back pain with depression such as low motivation, irritability, insomnia, anxiety and isolation.

Laura pulkki Raback,(2011) conducted a study to examine the reciprocal associations between depressive symptoms and clinical definitions of the metabolic syndrome in childhood and adulthood, 921 participants (538women and 383 men) Beck Depression Inventory was used to assess depressive symptoms. Study result shows, women depressive symptoms were associated with increased risk of he metabolic syndrome in adulthood.

Barua Ankur, Nilamadhab Kar (2010) conducted a study to determine prevalence of depressive disorders in the elderly population and to determine the validity and reliability of WHO (five) well- being index (1998 version) as a screening instrument to identify depressive disorders in elderly population. It is a cross – sectional study conducted over a period of 3 months on 3 taluks, belonging to the udupi district of south India. Selected 627 people in age group of 60 years and above for the study, simple random sampling, without replacement method. Using probability proportionate to size (PPS) technique was used. The WHO index was validated against major international classification of disease (ICD-10) Kappa statistics applied to determine reliability of screening instrument. The result shows “WHO(five) well- being index was found to be an effective instrument for identifying depression in elderly.

Singh Archana, Nishi Misra(2009) conducted a study to investigate the relationships among depression, loneliness and sociability in elderly people, 55 elderly people were selected Beck depression inventory, UCLA loneliness scale and sociability scale by Eysenck, were used. Result revealed a significant relationship between depression and loneliness.

Tsai YF, Wong TK et.al, (2008) conducted a study to report the effects of self- worth therapy on depressive symptoms of older nursing home residents. A Quasi- experimental design as used Participants in experimental group (n31) received 30 minutes of one to one self worth therapy on 1 day a week for 4 weeks. Control group participants (n = 32) received no therapy.

Mian Yoon Hong,et.al, (2007) conducted a descriptive study to assess the depressive disorder among senior citizen living with families, result shows that in one month prevalence of depression was 37.7%, also find out that high risk of depressive disorder was found among widows with low educational level and physical illnesses.

Royall D.R, Schillerstrom J.E et al;(2007). conducted a study to find association between depressive symptoms and mortality was assessed in a 7-year longitudinal follow-up of subjects referred for gerio-psychiatric Consultation. Geriatric Depression Scale was used for this study. As result, fifty percent of subjects with GDS > 6 (n=28) died by 19 months versus 54 months for subjects with GDS <7 (n=61) Chi² =13.2,df =1,p<.001) This study showed that medical burden, age, and gender were independently associated with survival.

Sherina M.S. (2006). conducted a study to determine the prevalence of depression and its associated factors among the elderly in a tertiary care centre. the size of the ample taken for this study was two hundred and forty six elderly people, 198 was interviewed. Thirty items of GDS questionnaire was used as a screening instrument. The results showed 54 of the elderly respondents were found to have depressive symptoms.

K.Jongenelis,A.M.Pot, (2004)conducted a descriptive study to assess prevalence of depression among 333 nursing home patients by means of geriatric depression scale, result shows that prevalence of major depression 8.1%, minor depression 14.1%, 24% of the patients suffered from sub – clinical depression.

Wulsin LR,Singal BM(2003)conducted a study to systematically review the recent studies of the contribution of depression to the onset of coronary disease and to estimate the magnitude of the risk posed by depression for onset of coronary disease, searched MEDLINE(1966-2000), psycho info(1967-200) and cross references and conducted informal searches for all community studies of depression symptoms in samples with no clinically apparent heart disease at baseline. From these studies selected all published cohort studies of 4 years or more follow-up that controlled for other major coronary disease risk factors and reported relative risks of baseline depression for onset of coronary disease. Results shows 10 studies met inclusion criteria, relative risk ranged from 0.98 to 3.5. 9 studies reported significantly increased risk, including 2 studies mixed results, one study no increased risk.

Lynanne Mc Guire Ph.d.,(2002)18 month prospective study of 78 older adults average age of 72.5 years old compared those who suffer from chronic depression(22) and those who don't(56)on their ability to fight off infectious agent, it is a larger longitudinal study, result shows it is the length of time of depression, not on the severity that is affecting a person's immunity.

Jorm AF,(2000) conducted a study to examine the occurrence of depression across the life span, study included sample ranging from 30 years to 5 years and above. The study result shows there is a selective increase in mortality of people with depression. More attention needs to be given to ageing related risk for depression.

II.Literature related to aromatherapy:

Burns A, Perry E,holmes C, Francis P, Morris J,Howes MJ et.al., (2011)conducted a study in 3 specialist old age psychiatric center, England to assess the effectiveness of aroma therapy for agitation comparing with placebo and donepezil. Totally 114 participants were randomized in to 3 groups, intervention given for 4 weeks. The agitation was assessed by Pittsburgh agitation scale,[PAS]. The result shows that there were substantial improvement in all 3 groups with 18% improvement in PAS. There is no evidence that aromatherapy is superior to placebo or donepezil.

Jaison raju,(2008) conducted a study to find out the effectiveness of Aroma therapy massage on Anxiety among institutionalized elderly in selected oldage homes in Mangalore, Quasi experimental design with one group pretest and post test with 30 samples 15 male and 15 female were selected randomly. Hamilton Anxiety Scale used to assess the anxiety level. The study result shows Aroma therapy is helpful in reducing Anxiety among Senior citizen.

Yip YB, Tam AC(2008) conducted a study to evaluate effectiveness of massage with aromatic ginger and orange essential oil for moderate to severe knee pain among senior citizen. 59 subjects attending community centre were assigned to 3 groups, experimental group received 6 massages with ginger and orange oil for 3 weeks, control group with olive oil only. Study result shows aroma therapy massage seems to have potential as an alternative method for short- term knee relief.

Hadfield N.(2006) conducted a study to evaluate the effectiveness of Aroma therapy massage in reducing Anxiety in patients with malignant brain tumors, 8 patients were selected using purposive sampling technique, hospital Anxiety,

depression scales and semi structured interviews. There was a significant reduction in all four physical parameters.

Ballard CG, O' Brien JT, Reichelt K, Perry EK,(2002) conducted a placebo controlled trial to determine the value of aroma therapy with lemon balm for agitation with severe dementia, 72 people residing in National Health Service [UK] randomly assigned n=36 for aroma oil and n=36 for placebo oil applied to patients faces arms twice a day for 4 weeks. Agitation was assessed by cohen- Mansfield agitation inventory [CMAI]. Results shows that 35% patients received aroma oil had mean reduction in CMAI. The finding that aroma oil is a safe and effective treatment for clinically significant agitation in people with dementia.

III. Literature related to aromatherapy for depression:

Fellowes D et.al,(2006) conducted a study to evaluate the effectiveness of Aromatherapy and massage for depression in patients with cancer. 270 samples were selected by using randomized controlled trial. The result shows the impact of Aroma therapy on depression was variable.

Kim MJ, Nam ES, Paik SI,(2005) conducted a study to investigate effect of aroma therapy on pain and depression for arthritis patients, quasi – experimental design with a non- equivalent control group, pre and post test consists sample of 40 patients in Rheumatics center, Mary's hospital, South Korea. Aroma oils and diluting carrier oils used, results shows that significantly decrease in both pain and depression of experimental group compared with control group.

Wilkinson SM,et.al,(2005) conducted a study to evaluate the effectiveness of Aroma therapy in the management of Anxiety and depression in patient with cancer, a

multi sectoral randomized controlled trial was used to select 288 cancer patients. The result shows patient receiving Aroma therapy massage described greater improvement in self reported anxiety and depression.

Margaret Lewis, Susan D. Kowalski,(2002)conducted a study to measure the responses of 17 cancer hospice patients to humidified aroma therapy oil, vital signs as well as levels of pain, anxiety, depression and sense of well- being were measured using 11- point verbal analogs, before and after 60 minute session each subject was measured on 3 different days. Results reflected a positive small change in vital signs, pulse, anxiety, depression and sense of well- being after aroma oil treatment.

Sung Hee Lee, (2002) conducted a study to examine the effects of aroma therapy on depression and fatigue in middle aged women. The study was a non-equivalent control group pre test and post test design. Subjects were randomly assigned to aroma therapy or control group. The subjects were given zung's self-rating scale test to evaluate depression and yoshitake's fatigue scale were used to measure fatigue before and after trial. Experimental group received aroma therapy massage 3 times a week for 20 minutes during 2 weeks and inhaled essence oil from 10am to 8pm everyday for 2 weeks. Result shows the decrease in depression score was [p<.000] decrease in fatigue score was [p<.002] aroma therapy is an effective way to treat depression and fatigue in middle aged women.

IV. Literature related to Aroma therapy on depression among senior citizens.

Chang SY,(2008) conducted a study to examine the effects of aroma hand massage on pain and depression in hospice oldage patient with terminal cancer, non-equivalent control group pre and post test design was used, 58 subjects were selected,

28 patients experimental group and 30 patients control group, the experimental group went through aroma hand massage on each hand for 5 minute for 7 days, control group went through general oil hand massage. The result shows that aroma hand massage experimental group showed more significant changes in pain score [t=3.52] and depression[t=8.99] than control group.

Burns A, Perry E,holmes C, Francis P, Morris J,Howes MJ et.al., [2011]conducted a study in 3 specialist oldage psychiatric center, England to assess the effectiveness of aroma therapy for agitation comparing with placebo and denepezil. Totally 114 participants were randomized in to 3 groups, intervention given for 4 weeks. The agitation was assessed by Pittsburgh agitation scale, [PAS]. The result shows that there were substantial improvement in all 3 groups with 18% improvement in PAS. There is no evidence that aromatherapy is superior to placebo or donepezil.

Wonderful life home care and assisted living article states that, study conducted for senior citizens with depression by using Aroma therapy, shows the result that Aroma oil acts as a Anti- depression and reduces the depression level.

CHAPTER – III

RESEARCH METHODOLOGY

This chapter explains the research methodology adapted to assess the depression and find out the effectiveness of aromatherapy among senior citizens with selected demographic variables at old age home, Coimbatore

Research approach

An evaluative approach was used in this study .

Research design

Pre experimental One group pre-test and post – test design was used.

$O_1 \quad X \quad O_2$

O_1 : Pre assessment on the level of depression among Senior citizens.

X: Aromatherapy

O_2 : Post assessment on the level of depression among Senior citizens.

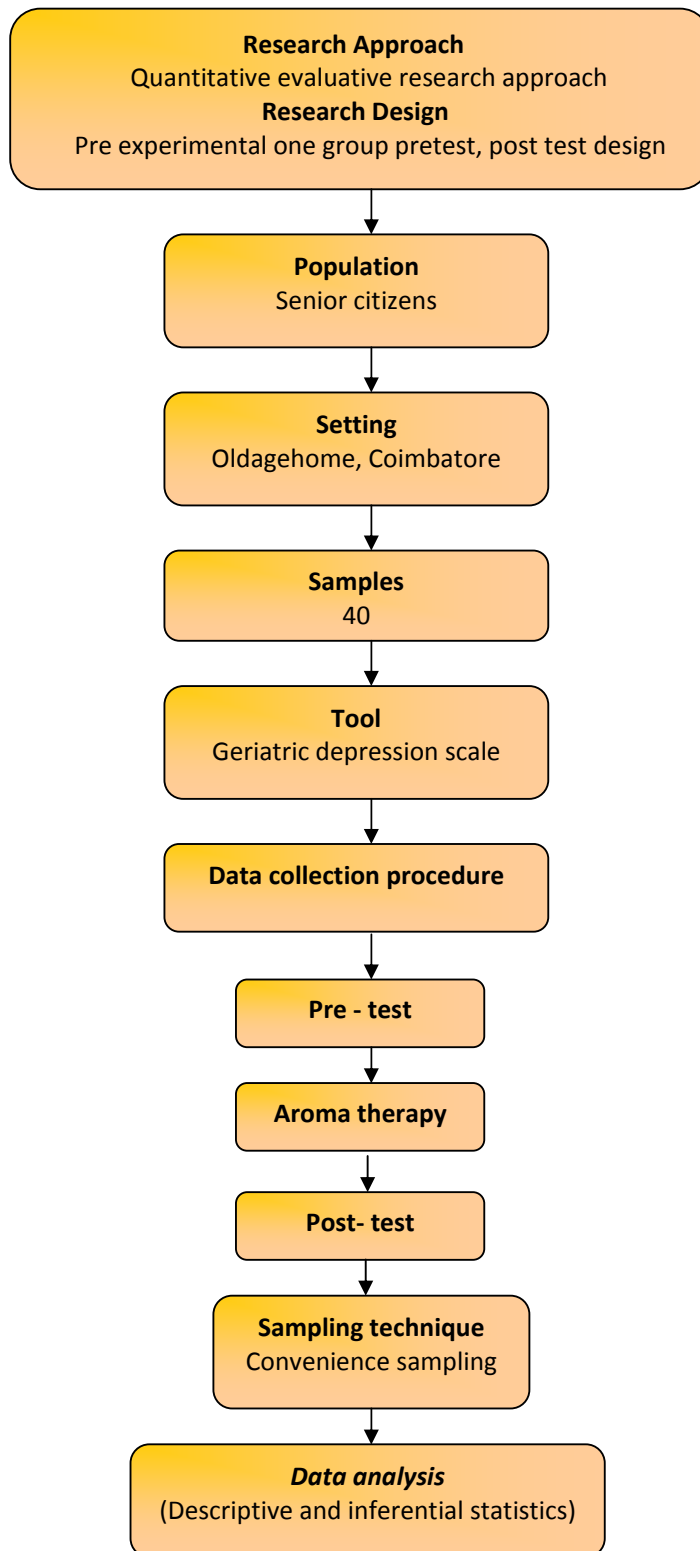


Figure:3.1: Schematic Representation of Research Methodology

Variables

Independent variable: Aroma therapy

Dependent variable : Depression

Description of setting

The study is conducted in Ram Aravindhar old age home, Vadavelli, Coimbatore, which is located about 90 km away from Sara nursing college, 15 km away from Gandhipuram, Coimbatore bus stand. The old age home consists of 55 elderly people. They have facilities like water, food, sanitation, electricity and leisure time enjoyment like watching T.V, reading books, chatting with friends and so on. They can meet visitors at day time.

Population

Target population of this study was senior citizens.

SAMPLING

Sample

Sample consist of senior citizens who are at the age of 65years and above with depression.

Sample size

Sample size consists of 40 senior citizens residing in selected old age home.

Sampling technique

Convenience sampling technique was used for this study.

Criteria for selection of samples

Inclusion criteria

- Senior citizens who are at the age of 65 years and above.
- Senior citizens who speak either Tamil or English.
- Senior citizens who have depression.
- Both males and females.

Exclusion criteria

- Senior citizens with sensory deficits especially Anosmia.
- Senior citizens who have mental illness except depression.

DESCRIPTION OF THE TOOL

Section – I: Demographic profile

A structured interview schedule was used to assess the demographic profile age, gender, religion, type of family, education, previous occupation, marital status, chronic health problems, leisure time activity, duration of stay in old age home, number of children and support system of senior citizens with depression.

Section – II: Geriatric depression scale

Geriatric depression scale was used to measure depression among senior citizens. The Geriatric depression scale was developed by T.L. Brink et al, it is a 30 item question, which is useful to measure senior citizens depression level. Each item of the geriatric depression scale was answered either 'yes' or 'no'. There were 20 items which indicated depression when answered 'yes' will be given one score and 10 items which indicated depression when answered 'no' will be given one score. The tool was developed in English and translated into Tamil and translated into English.

The total 30 score was interpreted as follows:

| | |
|-------|---------------------|
| 0-9 | No depression |
| 10-16 | Mild depression |
| 17-23 | Moderate depression |
| 24-30 | Severe depression |

Validity

For content validity 5 experts were evaluated. (3 experts from Mental Health Nursing, one psychiatrist and one psychologist). The tool was found valid. Suggestions were incorporated.

Reliability

To ensure the reliability of the tool, it has been administered for six senior citizens with depression. Reliability of the tool was established by using Test-retest method and the reliability was $r = 0.93$. Hence the tool was reliable.

Pilot study

In order to find out feasibility and practicability, a pilot study was conducted at mercy home, Kallimanthayam, Dindugal district for a period of 1 week (16.6.2011 to 23.6.2011) among 6 senior citizens with depression. The study was found feasible to conduct.

METHOD OF DATA COLLECTION

Ethical consideration:

The study was conducted after approval of the dissertation committee of Sara nursing college, Dharapuram. A written permission was obtained from the concerned authority of the selected old age home, Coimbatore. The purpose and nature of the study were explained to each subjects and obtained the oral consent. Subjects were

also informed that after diagnosis of depression they can go for anti- depressant medication treatment from the psychiatrist. Confidentiality and anonymity of the study was maintained throughout the study.

Period of data collection:

The main study was conducted from 28-06-2011 to 28-07-2011 at Ram Aravindhar old age home, Coimbatore.

Data collection procedure:

During the data collection period, the investigator first introduced herself to the senior citizens and developed good rapport with them. Obtained oral consent from each subjects. Senior citizens were assessed for level of Depression by Geriatric depression scale, In which 40 subjects were found to have depression and who were fulfilled the inclusion criteria. They were explained that data collected will be confidential. During the first week, assessment of level of depression among Senior citizens was done. The application of 5 drops of aroma neroli oil with 10 ml of coconut oil at the fore head of senior citizens 7am to 10 am for 15 days. After completion of aroma therapy, the level of depression among Senior citizens were assessed by Geriatric Depression Scale.

Plan of data analysis:

Descriptive statistical analysis was used for categorical data, inferential statistics, Paired 't' test was used to determine the effectiveness of aroma therapy and Chi- square test was used to associate post- test level of depression among Senior citizens with their selected demographic variables.

CHAPTER – IV

ANALYSIS AND INTERPRETATION

Analysis and interpretation is a process of organizing and synthesizing the data in such a way, that can be answered and hypothesis tested. (Polit,D.F;and Hungler,2003)

This chapter deals with analysis and interpretation of data to evaluate the effectiveness of Aroma therapy on Depression among Senior citizens in selected oldage home, Coimbatore.

The findings are presented under the following sections

Section A:

Distribution of samples according to Demographic Variables.

Section B:

- i. Distribution of samples according to the level of Depression before and after Aroma therapy.
- ii. Comparison of mean Standard Deviation and mean difference in the level of Depression before and after Aroma therapy.

Section C:

Association between the post test level of depression and demographic variables.

SECTION – A

Table- 4.1: Distribution of samples according to their Demographic Variables:

n = 40

| S.No | Demographic variables | F | % |
|-------------|--|---------------------------|-------------------------------|
| 1. | Age(in years) a. 65-75 years b. 76-85 years c. 86 above | 16 17 07 | 40 42.5 17.5 |
| 2. | Gender a. Male b. Female | 12 28 | 30 70 |
| 3. | Religion a. Hindu b. Muslim c. Christian | 33 04 03 | 82.5 10 7.5 |
| 4. | Type of family a. Nuclear b. Joint | 26 14 | 65 35 |
| 5. | Marital status a. Single b. Married c. Unmarried d. Widow e. Divorced | 09 22 03 06 0 | 22.5 55 7.5 15 0 |
| 6. | Education a. No formal education b. Primary c. Secondary d. Higher secondary e. Graduate and above | 19 07 10 04 0 | 47.5 17.5 25 10 0 |

| | | | |
|-----|--|----------------------------|----------------------------------|
| 7. | Previous occupation a. Unemployed b. Daily wages c. Professional d. Business man | 21 13 03 03 | 52.5 32.5 7.5 7.5 |
| 8. | Chronic health problems a. Hyper tension b. Skin c. Diabetes d. Any other e. No problem | 05 01 03 20 11 | 12.5 2.5 7.5 50 27.5 |
| 9. | Leisure time activity a. Reading b. Watching T.V c. Chatting with friends d. Any other | 04 32 04 0 | 10 80 10 0 |
| 10. | Duration of stay in old age home a. Below 1 year b. 1-3 years c. 4-5 years d. Above 5 years | 03 32 0 05 | 7.5 80 0 12.5 |
| 11. | Number of children a. No children b. One c. Two and above | 04 14 22 | 10 35 55 |
| 12. | Support system a. Family b. Friends c. Health care personnel d. No one | 39 0 0 01 | 97.5 0 0 2.5 |

Table 4.1 shows that majority of the subjects were between the age of 76-85 years, 70% of them were female, 82.5% of the subjects belongs to Hindu religion, 65% of subjects belongs to nuclear family, 55% of them were married, 52.5% of them were un employed, 50% of them having other chronic health problems, 80% of them watch t.v. Regarding duration of stay in old age home 80% were staying between 1-3 yrs, in number of 55% of them were having 2 and more children and 97.5% of them were supported by family.

SECTION – B

i) Distribution of samples according to the level of Depression before and after Aroma therapy.

n= 40

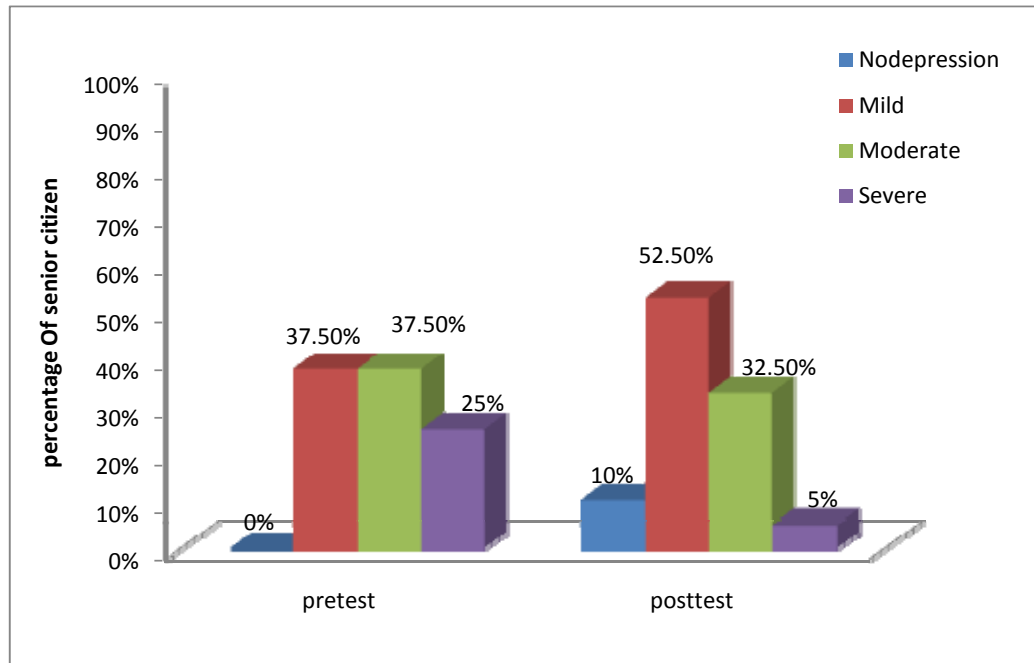


Figure 4.1 comparison of level of depression

Figure 4.1 shows that in the pretest, majority of the subjects 15 (37.5%) had moderate depression, 15 (37.5%) had mild depression and 10 (25%) had severe depression. Where as in the post test, Majority of the subjects 21(52.5%) had mild depression, 13 (32.5%) had moderate depression, 2(5%) had severe depression and 4 (10%) of them had no depression.

This shows that there was a marked difference between the pretest scores and post test scores in the level of depression.

ii) Comparison of mean Standard Deviation and mean difference in the level of Depression before and after Aroma therapy.

Table 4.2 Effectiveness of Aroma therapy on Depression among Senior citizens.

n=40

| S. No | Variable | Maximum Score | Pre Test | | Post Test | | Mean Difference | 't' Value | df |
|-------|------------|---------------|----------|------|-----------|------|-----------------|-----------|----|
| | | | Mean | SD | Mean | SD | | | |
| 1 | Depression | 30 | 19.7 | 4.22 | 15.95 | 4.74 | 3.75 | 21.4* | 39 |

* P(<0.01) level of significance

The above table 4.2 shows that the mean post test depression score (15.95 ±4.74) of the subjects is decreased than the mean pretest depressive score (19.7±4.22). The calculated 't' value 21.4 is greater than the table value (2.38) at 0.01 level of significance.

| | | | | | | | | | | |
|---------------|---|-----|-----|-----|------|-----|------|-----|-----|--------|
| 7. | Previous occupation | | | | | | | | | |
| | Unemployed | 2 | 5 | 12 | 30 | 7 | 17.5 | 0 | 0 | 23.97* |
| | Daily wages | 1 | 2.5 | 6 | 15 | 4 | 10 | 2 | 5 | |
| | Professional | 0 | 0 | 2 | 5 | 1 | 2.5 | 0 | 0 | |
| Business man | 1 | 2.5 | 1 | 2.5 | 1 | 2.5 | 0 | 0 | | |
| 8. | Chronic health problems | | | | | | | | | |
| | Hyper tension | 1 | 2.5 | 0 | 0 | 4 | 10 | 0 | 0 | 55.17* |
| | Skin | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2.5 | |
| | Diabetes | 0 | 0 | 0 | 0 | 2 | 5 | 1 | 2.5 | |
| | Any other | 2 | 5 | 15 | 37.5 | 3 | 7.5 | 0 | 0 | |
| No problem | 1 | 2.5 | 6 | 15 | 4 | 10 | 0 | 0 | | |
| 9. | Leisure time activity | | | | | | | | | |
| | Reading | 0 | 0 | 4 | 10 | 0 | 0 | 0 | 0 | 9.93 |
| | Watching T.V | 4 | 10 | 15 | 37.5 | 11 | 27.5 | 2 | 5 | |
| | Chatting with friends | 0 | 0 | 2 | 5 | 2 | 5 | 0 | 0 | |
| Any other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 10 | Duration of stay in old age home | | | | | | | | | |
| | Below 1 year | 0 | 0 | 2 | 5 | 1 | 2.5 | 0 | 0 | 8.18 |
| | 1-3 years | 4 | 10 | 18 | 45 | 8 | 20 | 2 | 5 | |
| | 4-5 years | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Above 5 years | 0 | 0 | 1 | 2.5 | 4 | 10 | 0 | 0 | | |
| 11 | Number of children | | | | | | | | | |
| | No children | 0 | 0 | 1 | 2.5 | 2 | 5 | 1 | 2.5 | 6.82 |
| | One | 2 | 5 | 8 | 20 | 3 | 7.5 | 1 | 2.5 | |
| Two and above | 2 | 5 | 12 | 30 | 8 | 20 | 0 | 0 | | |
| 12 | Support system | | | | | | | | | |
| | Family | 4 | 10 | 21 | 52.5 | 13 | 32.5 | 1 | 2.5 | 29.07* |
| | Friends | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Health care personnel | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| No one | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2.5 | | |

* P<0.05 level of significance

Table 4.3 findings suggested that there was an association between depression and demographic variables like gender, marital status, education, previous occupation, chronic health problems and support system.

CHAPTER – V

DISCUSSION

This chapter deals with Quasi- experimental study done to determine the effectiveness of Aroma therapy on depression among Senior citizens.

Distribution of samples according to demographic variables.

Majority of the subjects were between the age of 76-85 years, 70% of them were female, 82.5% of the subjects belongs to Hindu religion, 65% of subjects belongs to nuclear family, 55% of them were married, 52.5% of them were un employed, 50% of them having other chronic health problems, 80% of them watch t.v. Regarding duration of stay in old age home 80% were staying between 1-3 yrs, in number of 55% of them were having 2 and more children and 97.5% of them were supported by family.

This result was supported by World health report and national crime records states that life time risk of developing depression is 10-20% higher in females compare to males.

First objective of the study is to assess the level of depression among senior citizens before and after aromatherapy.

Pretest, majority of the subjects 15 (37.5%) had moderate depression, 15 (37.5%) had mild depression and 10 (25%) had severe depression. Where as in the post test, Majority of the subjects 21(52.5%) had mild depression, 13 (32.5%) had moderate depression, 2(5%) had severe depression and 4 (10%) of them had no depression.

Second objective of the study is to evaluate the effectiveness of aromatherapy on level of depression among senior citizens.

The mean post test depression score (15.95 ± 4.74) of the subjects is decreased than the mean pretest depressive score (19.7 ± 4.22). The calculated 't' value 21.4 is greater than the table value (2.38) at 0.01 level of significance.

This result was supported by Kim MJ, Nam ES, Paik SI, (2005) conducted a study to investigate effect of aroma therapy on pain and depression for arthritis patients, quasi – experimental design with a non- equivalent control group, pre and post test consists sample of 40 patients in Rheumatics center, Mary's hospital, south korea. Aroma oils and diluting carrier oils used, results shows that significantly decrease in both pain and depression of experimental group compared with control group.

H₁: There is a significant difference between the level of depression before and after aromatherapy among senior citizens.

Third objective of the study is to associate the post test level of depression among senior citizens with their selected demographic variables.

Association between depression and demographic variables like gender, marital status, education, previous occupation, chronic health problems and support system.

This result was supported by World health report and national crime records states that life time risk of developing depression is 10-20% higher in females compare to males.

H₂: There is a significant association between the post level of depression and their selected demographic variables among senior citizens.

Summary

This chapter dealt with the discussion of the study to the objective and supportive studies with reference to the objective and supportive studies. All the 3 objectives have been obtained, 2 hypothesis were retained in the study.

CHAPTER – VI

SUMMARY, CONCLUSION, IMPLICATION AND RECOMMENDATION.

In this chapter summary, implication to nursing practice, recommendations to nursing practice are suggested.

SUMMARY

Evaluative approach, Quasi- experimental study (one group pre test post test) design was used in this study to evaluate the effectiveness of aromatherapy on depression among Senior citizens. The conceptual framework for the study was based on Kings Goal Attainment theory. The study was conducted in oldage home, Coimbatore. The sample size was 40 and samples were selected by convenience sampling technique. Geriatric Depression Scale tool used to collect the data.

The collected data were analysed using Descriptive and inferential statistics. To test the hypothesis paired “t” test and chi- square were used.

FINDING OF THE STUDY

The major findings of the study was summarized as follows

- Majority of the subjects were between the age of 76-85 years, 70% of them were female, 82.5% of the subjects belongs to Hindu religion, 65% of subjects belongs to nuclear family, 55% of them were married, 52.5% of them were un employed, 50% of them having other chronic health problems, 80% of them watch t.v. Regarding duration of stay in old age home 80% were staying between 1-3 yrs, in number of 55% of them were having 2 and more children and 97.5% of them were supported by family.

- In pretest, majority of the subjects 15 (37.5%) had moderate depression, 15 (37.5%) had mild depression and 10 (25%) had severe depression. Where as in the post test, Majority of the subjects 21(52.5%) had mild depression, 13 (32.5%) had moderate depression, 2(5%) had severe depression and 4 (10%) of them had no depression .
- The mean post test depression score (15.95 ± 4.74)of the subjects is decreased than the mean pretest depressive score (19.7 ± 4.22). The calculated 't' value 21.4 is greater than the table value (2.38) at 0.01 level of significance.
- There was an association between depression and demographic variables like gender, marital status, education, previous occupation, chronic health problems and support system.

Hence, hypothesis is retained.

CONCLUSION

This study was done to evaluate the effectiveness of Aroma therapy on level of Depression among Senior citizens. Most of the senior citizen have mild and moderate level of Depression. Aroma therapy is more effective in reducing level of Depression.

IMPLICATIONS

Nursing Practice:

- Aroma therapy can be used in hospitals to relieve pain, improve mood, promote sense of relaxation, reduce blood pressure.
- Midwives can use diluted forms of Aroma oil for pregnant woman to reduce anxiety and fear.

- Nursing colleges can teach Aroma therapy to students to reduce the stress.
- Aromatherapy can be used in community people with depression and other problems, procedure can be taught to the family members.

Nursing Education:

- Aroma therapy can be included in Nursing curriculum.
- Aroma therapy and other alternative therapies can be taught and practiced in different settings by the students.

Nursing Research:

- This study provides broad framework on which research can be done.
- Methodology and literature reviews provide guidelines for the researchers.
- Research regarding Aroma therapy can be done with different health problems like pain, stress, hyper tension.

Nursing Administration:

- Nurse administrator can insist the staff to practice on aroma therapy.
- Administrator can have a follow up on the care provided through aroma therapy.
- Nurse administrator can provide or arrange the materials needed for the procedure.
- In Continuing nursing education administrator focus studies related to Aroma therapy on depression among senior citizens.

RECOMMENDATIONS

- A similar study can be conducted on different settings.
- A comparative study can be carried out in community set up and oldage home.
- A similar study can be done with any other ailments like headache, blood pressure, pain.
- A similar study can be done as true experimental study.

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ANNEXURE –A
LETTER REQUESTING PERMISSION TO CONDUCT A RESEARCH
PROJECT



SARA NURSING COLLEGE

(Recognised by Govt. of Tamil Nadu,
Affiliated to T.N. Dr. M.G.R. Medical University & Approved by Indian Nursing Council)
Palani Main Road, Manakadavu, Phone : 04258-244208, Fax : 04258-244254
Dharapuram - 638 673, Tirupur District, E-mail : saranursingcollege@gmail.com
Tamil Nadu, South India. website : www.saranursingcollege.com

From,

The Principal,
Sara Nursing college,
Dharapuram.

Date: 28-06-2011
Lr.No.SNC.102/06/11

To,

The Incharge,

Ram Aravindhar Old-age Home,

Coimbatore.

Respected sir,

Ms. S. Sathiyapreethi is a bonafide student of Sara Nursing College, Dharapuram, doing her M.Sc(N) Programme in Nursing. She is conducting a research study on

“To evaluate the effectiveness of Aroma Therapy on depression among senior citizens.”
The research project is to be submitted to “The Tamilnadu Dr. M.G.R Medical University” as a partial fulfillment of the university requirements for the award of M.Sc (N) Degree .The Researcher is anticipating that this project will be beneficial in reducing the depression among senior citizens in your esteemed Institution. She needs to select subjects who are under depression and document the collected data for analysis and report.

Hence I request your kind consent for her to conduct the study at your esteemed institution. Further details of the proposed project and the outcome will be furnished by the researcher in person if required. The hospital norms, policies and ethics will be respected and strictly adhered by the researcher throughout the study period (one month – July month).

Thanking You

Vidhyanathamban
Principal



For. **▲ Ram Arvinder Charitable Trust**
M. Uthab
CHAIRMAN & PRESIDENT

PRINCIPAL
Sara Nursing College,
Dharapuram - 638 673.

ANNEXURE-B

SECTION-A

DEMOGRAPHIC VARIABLES

1. Age (in years)
 - a) 65-75 years
 - b) 76-85 years
 - c) 86 above
2. Gender
 - a) Male
 - b) Female
3. Religion
 - a) Hindu
 - b) Muslim
 - c) Christian
4. Type of family
 - a) Nuclear
 - b) Joint
5. Marital status
 - a) Single
 - b) Married
 - c) Unmarried
 - d) Widow
 - e) Divorced

6. Education
 - a) No formal education
 - b) Primary
 - c) Secondary
 - d) Higher secondary
 - e) Graduate and above
7. Previous occupation
 - a) Unemployed
 - b) Daily wages
 - c) Professional
 - d) Business man
8. Chronic health problems
 - a) Hyper tension
 - b) Skin
 - c) Diabetes
 - d) Any other
 - e) No problem
9. Leisure time activity
 - a) Reading
 - b) Watching T.V
 - c) Chatting with friends
 - d) Any other

10. Duration of stay in old age home

- a) Below 1 year
- b) 1-3 years
- c) 4-5 years
- d) Above 5 years

11. Number of children

- a) No children
- b) One
- c) Two

12. Support system

- a) Family
- b) Friends
- c) Health care personnel
- d) No one

SECTION-B

Patient name: Examiner name: Date :

In this examiner present question verbally , when the patient gives answer circle it. Should not show to patient.

1. Are you basically satisfied with your life? Yes no (1)
2. Have you dropped many of your activities and interests? Yes (1) no
3. Do you feel that your life is empty? Yes (1) no
4. Do you often get bored? Yes(1) no
5. Are you hopeful about future? Yes no (1)
6. Are you bothered by thoughts you cant get
out of your head? Yes (1) no
7. Are you in good spirits most of the time? Yes no (1)
8. Are you afraid that some thing bad is going
to happen to you? Yes (1) no
9. Do you feel happy most of the time? Yes no (1)
10. Do you often feel helpless? Yes (1) no
11. Do you often get restless and fidgety? Yes (1) no
12. Do you prefer to stay at home rather than
going out and doing things? Yes (1) no
13. Do you frequently worry about the future? Yes (1) no
14. Do you feel you have more problems with
memory than most? Yes (1) no
15. Do you think it is wonderful to be alive now? Yes no (1)
16. Do you often feel down hearted and blue? Yes (1) no
17. Do you feel pretty worthless the way you are now? Yes (1) no

- | | | | |
|-----|---|---------|--------|
| 18. | Do you worry a lot about the past? | Yes(1) | no |
| 19. | Do you find life very exciting? | Yes | no(1) |
| 20. | Is it hard for you to get started on new projects? | Yes (1) | no |
| 21. | Do you feel full of energy? | Yes | no(1) |
| 22. | Do you feel that your situation is hopeless? | Yes(1) | no |
| 23. | Do you think that most people are better off than you are? | Yes (1) | no |
| 24. | Do you frequently get upset over little things? | Yes(1) | no |
| 25. | Do you frequently feel like crying? | Yes(1) | no |
| 26. | Do you have trouble concentrating? | Yes(1) | no |
| 27. | Do you enjoy getting up in the morning? | Yes | no (1) |
| 28. | Do you prefer to avoid social gatherings? | Yes (1) | no |
| 29. | Is it easy for you to make decisions? | Yes | no (1) |
| 30. | Is your mind as clear as it used to be? | Yes | no (1) |

Each item answered either 'yes' or 'no'. There were 20 items which indicated depression when answered 'yes' will be given one score and 10 items which indicated depression when answered 'no' will be given one score.

The total 30 score was interpreted as follows:

| | |
|-------|---------------------|
| 0-9 | No depression |
| 10-16 | Mild depression |
| 17-23 | Moderate depression |
| 24-30 | Severe depression |

AROMA THERAPY

INTRODUCTION

Aromatherapy is the practice of using the natural oils extracted from flowers, bark, stems, leaves, roots or other parts of a plant to enhance psychological and physical well-being.

The inhaled aroma from these "essential" oils is widely believed to stimulate brain function. Essential oils can also be absorbed through the skin, where they travel through the bloodstream and can promote whole-body healing. It is used for a variety of applications, including pain relief, mood enhancement and increased cognitive function.

Anti Depressant: The AromNeroli essential oil information.

This essential oil is one of the most popular essential oils, as it is not only has great therapeutic properties, but also has the most incredible smell. It has a greatly relaxing effect on the body and mind, relieving muscle spasms, calming heart palpitations and has a wonderful rejuvenating and regenerative effect on the skin, helping to prevent ugly scarring and fighting stretch marks.

Origin of neroli oil

It is also known as 'orange blossom' and it takes about 1000 lbs. of orange blossoms to make 1 lb. of Neroli oil.

Extraction

Neroli oil is extracted from the small, white, waxy flowers of the bitter-orange tree by steam distillation and yields 0.8 - 1 %.

Chemical composition

The main chemical components of neroli oil are a-pinene, camphene, b-pinene, a-terpinene, nerol, neryl acetate, farnesol, geraniol, linalool, nerolidol, linalyl acetate, methyl anthranilate and indole.

Precautions

Neroli oil is non-toxic, non-sensitizing, non-irritant and non-phototoxic yet must be used sparingly when a sharp clear head is needed, as it can be very relaxing.

Therapeutic properties

The therapeutic properties of Neroli oil are antidepressant, antiseptic, anti-infectious, antispasmodic, aphrodisiac, bactericidal, carminative, cicatrisant, cytophylactic, cordial, deodorant, digestive, emollient, sedative and tonic.

Uses

Neroli oil is very relaxing and can relieve chronic anxiety, depression, fear, shock and stress and its calming effect can also be beneficial to the digestive tract. It can be used for intestinal spasms, colitis and diarrhea. It helps insomnia, and one of the essential oils with the most sedative effects is useful for treating depression, anxiety and shock and is also effective in calming heart palpitations, treating headaches, neuralgia and vertigo.

Essential oils can be applied in a number of ways.

- Oils can be mixed in carrier oil and massaged into your skin.
- Add a few drops of oil to warm bath water.

- inhale some oils or add them to an aromatherapy oil burner or diffuser. The steam containing the oil spreads through the air in the room (however people who have asthma shouldn't do this).
- Oils can be blended into creams or lotions.

Procedure

Aroma Neroli oil 5 drops mixed with 10 ml of coconut oil applied in the forehead of the senior citizen once a day for 15 days.

Contra indications

- allergies
- epilepsy
- kidney disease or problems with your liver
- asthma
- sensitive skin

Conclusion

Aroma therapy is effective in many disease condition, there is no side effects observed. It can be used in all areas for alternative modality for treatment.

தனிநபர் விபரம்

1. வயது

- அ) 65 - 70
- ஆ) 75 - 85
- இ) 85க்கு மேல்

2. இனம்

- அ) ஆண்
- ஆ) பெண்

3. மதம்

- அ) இந்து
- ஆ) முஸ்லீம்
- இ) கிறிஸ்தியன்

4. குடும்ப வகை

- அ) தனிக்குடும்பம்
- ஆ) கூட்டுக்குடும்பம்

5. கல்வி

- அ) படிக்காதவர்
- ஆ) ஆரம்பநிலை
- இ) நடுத்தரப்படிப்பு
- ஈ) உயர்நிலைப்படிப்பு
- உ) பட்டப்படிப்பு மற்றும் அதற்கு மேல்

6. முந்தைய வேலை

- அ) வேலையின்மை
- ஆ) தினக்கூலி
- இ) உத்தியோகஸ்தர்
- ஈ) சுயவேலை

7. திருமணநிலை

- அ) திருமணமாகாதவர்
- ஆ) திருமணமானவர்
- இ) பிரிந்து வாழ்பவர்
- ஈ) விவாகரத்து ஆனவர்
- உ) விதவை/ மனைவியை இழந்தவர்

8. தீராத உடல்நலப்பிரச்சினை

- அ) இரத்தக்கொதிப்பு
- ஆ) தோல் வியாதி
- இ) சர்க்கரை வியாதி
- ஈ) வேறு ஏதேனும் குறிப்பாக
- உ) எதுவும் இல்லை

9. ஓய்வுநேர வேலை

- அ) புத்தகம் வாசிப்பது
- ஆ) தொலைக்காட்சி பார்ப்பது
- இ) நண்பர்களுடன் உரையாடல்
- ஈ) வேறு ஏதேனும் இருப்பின்

10. முதியோர் இல்லத்தில் வசிக்கும் காலம்

- அ) ஒரு வருடத்திற்கு குறைவாக
- ஆ) 1 - 3 வருடங்கள்
- இ) 4 - 5 வருடங்கள்
- ஈ) 5 வருடங்களுக்கு மேல்

11. குழந்தைகளின் எண்ணிக்கை

- அ) குழந்தை இல்லை
- ஆ) ஒன்று
- இ) இரண்டு மற்றும் அதற்கு மேல்

12. உதவிக்கரம்

- அ) குடும்பம்
- ஆ) நண்பர்கள்
- இ) உடல்நிலை பராமரிப்பவர்கள்
- ஈ) யாருமில்லை

முதியோர் மனச்சோர்வு அளவுகோல்

| | | | |
|-----|--|--|--|
| 1. | உங்கள் வாழ்க்கை உங்களுக்கு திருப்தியாக உள்ளதா? | | |
| 2. | உங்களுடைய பல செயல்களையும், ஆர்வங்களையும் விட்டு விட்டீர்களா? | | |
| 3. | உங்களுடைய வாழ்க்கை வெறுமையானது என்று உணர்கிறீர்களா? | | |
| 4. | உங்களுக்கு அடிக்கடி வாழ்க்கை அலுத்துவிட்டதா? | | |
| 5. | உங்களுடைய எதிர்காலத்தைப் பற்றி நம்பிக்கை இருக்கிறதா? | | |
| 6. | உங்களுடைய நினைவை விட்டு அகலாத விஷயங்களைப்பற்றி நினைத்துக் கொண்டேயிருப்பீர்களா? | | |
| 7. | தாங்கள் அதிக நேரங்களில் நல்ல நிலையில் இருப்பீர்களா? | | |
| 8. | ஏதேனும் கெடுதல் நடக்கப்போகிறது என்று பயப்படுவீர்களா? | | |
| 9. | அதிக நேரங்களில் மகிழ்ச்சியாக இருப்பீர்களா? | | |
| 10. | நீங்கள் அடிக்கடி உதவிகிடைக்காதது போல் உணர்கிறீர்களா? | | |
| 11. | நீங்கள் அடிக்கடி அமைதியில்லாமல் அங்குமிங்கும் அலைகிறீர்களா? | | |
| 12. | பெரும்பான்மை நேரம் வெளியில் சென்று வேலை செய்யவதைவிட வீட்டிலிருக்க விரும்புகிறீர்களா? | | |
| 13. | எதிர்காலத்தைப்பற்றி அடிக்கடி கவலைப்படுகிறீர்களா? | | |
| 14. | மற்றவைகளைவிட ஞாபகசக்தியால் பலவிதமான பிரச்சனைகள் உருவாகிறது என்று உணர்கிறீர்களா? | | |
| 15. | நீங்கள் இப்பொழுது உயிருடன் இருப்பது ஆச்சரியமான விஷயம் என்றெண்ணுகிறீர்களா? | | |
| 16. | நீங்கள் இப்பொழுது தாழ்வு மனப்பாண்மையோடு இருப்பதாக உணர்கிறீர்களா? | | |

| | | | |
|-----|---|--|--|
| 17. | நீங்கள் இப்பொழுது உபயோகமற்று இருப்பதைப் போல் உணர்கிறீர்களா? | | |
| 18. | கடந்த காலத்தைப்பற்றி அதிகமாகக் கவலைப்படுகிறீர்களா? | | |
| 19. | உங்கள் வாழ்க்கை கிளர்ச்சியூட்டுவதாக இருக்கின்றதா? | | |
| 20. | புதியத்திட்டங்களை ஆரம்பிப்பது கடினமாக இருக்கிறதா? | | |
| 21. | நீங்கள் முழுசக்தியுடன் செயல்படுவதாக உணர்கிறீர்களா? | | |
| 22. | உங்கள் நிலை நம்பிக்கையற்று இருப்பதாக உணர்கிறீர்களா? | | |
| 23. | நீ இப்பொழுது இருப்பதைவிட மற்றவர்கள் எல்லாம் நல்லநிலையில் இருப்பதாக நினைக்கிறீர்களா? | | |
| 24. | நீங்கள் அடிக்கடி சின்ன, சின்ன விஷயங்களுக்காக நிலைதடுமாறுகிறீர்களா? | | |
| 25. | அடிக்கடி அழு வேண்டும்போல் தோன்றுகிறதா? | | |
| 26. | மனதை ஒருமைப்படுத்துவது சிரமமாக உள்ளதா? | | |
| 27. | காலையில் மகிழ்ச்சியாக எழுந்திருக்கிறீர்களா? | | |
| 28. | நீங்கள் சமூகநிகழ்ச்சிகளைத் தவிர்க்க விரும்புகிறீர்களா? | | |
| 29. | உங்களுக்குத் தீர்மானங்கள் எடுப்பது எளிதாக இருக்கிறதா? | | |
| 30. | உங்கள் மனம் முன்பு போல் தெளிவாக இருப்பதாக நினைக்கிறீர்களா? | | |

ANNEXURE-C

LETTER REQUESTING OPINION AND SUGGESTION OF EXPERTS FOR CONTENT VALIDITY OF THE RESEARCH TOOLS

From

Ms.S.Sathiya preethi,
Final Year M.Sc., (N),
Sara Nursing College,
Dharapuram, Tirupur District

To,

Respected Sir/ Madam,

Sub: Requesting opinion and suggestion of experts for establishing content validity of the tools.

I, **Ms.S.Sathiyapreethi**, a Final Year M.Sc., (Nursing) student of Sara Nursing College, Dharapuram. I have selected the topic mentioned below for the research project to be submitted to The Tamil Nadu Dr. M.G.R Medical University, Chennai for the fulfillment of .Masters Degree in Nursing.

Topic: A study to evaluate the effectiveness of Aroma Therapy on Depression among Senior Citizen in selected oldage home, Coimbatore.

I wish to request you to kindly validate the tool and give your expert opinion for necessary modification. I will be grateful to you for this.

Thanking you

Place : Dharapuram

Yours Sincerely,

Date :

(Ms.S.Sathiyapreethi)

Enclosed:

1. Certificate of validation
2. Criteria checklist of evaluation of tool
3. Tool for collection of data
4. Procedure

ANNEXURE-D

CERTIFICATE OF VALIDATION

This is to certify that the tool developed by, **Ms.S.Sathiyapreethi**, Final year M.Sc. Nursing student of Sara Nursing College, Dharapuram (affiliated to Dr.M.G.R.Medical University) is validated and can proceed with this tool and content for the main study entitled “ **A study to evaluate the effectiveness of Aroma Therapy on Depression among Senior Citizen in selected oldage home, Coimbatore**”.

Signature with Date

ANNEXURE-E

LIST OF EXPERTS

1. Prof. Mrs. R. Kalai selvi, M.Sc(N)
Reader,
Bishops college of nursing,
Dharapuram

2. Prof. Mrs.S. Rajamani, M.Sc(N)
Nursing Tutor,
College of Nursing, Govt. Madurai Medical college,
Madurai.

3. Prof.Mrs. Rogina J. savarimuthu,M.Sc(N)
Lecturer ,
Matha college of nursing,
Manamadurai.

4. Dr.D.Selvarajan,M.B.B.S.,DPM.,
Psychiatrist and civil surgeon,
Government Headquarters Hospital,
Mannargudi.

5. Dr.Dheep, M.D.,
Psychiatrist,
Dheep Psychiatric Clinic,
Madurai.

6. Mrs.Kavitha M.phil (Psy).,
Clinical psychologist,
Govt. Headquarters Hospital,
Mannargudi.

ANNEXURE-F

CERTIFICATE OF EDITING

TO WHOMSOEVER IT MAY CONCERN

Certified that the dissertation paper titled "A study to evaluate the effectiveness of Aroma therapy on Depression among Senior citizen in selected oldage home, Coimbatore." by Ms.Sathiya preethi.S, It has been checked for accuracy and correctness of English language used in presenting the paper in lucid, unambiguous free of grammatical or spelling errors and apt for the purpose.



V. Mohan
Signature: 8/2/12

Principal,
Priya Dharshan Nursery and
Primary School
Bye-pass Road,
DHARAPURAM