Improvements in health and hygiene, control of infectious diseases, mass vaccinations, availability of drugs, and increased number of medical and para-medical manpower etc. have led to improved average lifespan. As a result, the number of old people is rising day by day. Life expectancy has gone up to 63.87 percent for males and 66.91 percent for females.

Old Age Homes in India: There are two types of old age homes in India. One is the ‘free’ type which care for the destitute, people who have no one else to care for them. They are provided food, shelter, clothing and medical care without any charges. The second type is the ‘paid’ home where care is provided for a fee.

Objectives
The objectives of the current study were to: (i) assess subjective well-being of the elderly living in old age homes and in family setting, (ii) assess level of satisfaction of the elderly living in old age homes and in family setting, (iii) compare the subjective well-being as also the level of satisfaction of the elderly living in old age homes with elderly living in family setting, (iv) find out the relationship between subjective well being of the elderly and their level of satisfaction, (v) find out the association between subjective well being as well as level of satisfaction of the elderly with selected background factors.

Methodology
The conceptual framework of the present study is based on Kolcaba’s Theory of Comfort. This theory was adopted by Katherine Kolcaba in 1980 in gerontological nursing courses.

Comfort is a multi-dimensional concept, with different meaning to different people. In this study five components are: comfort measures, intervening variables, comfort, place of living, and health care needs. Comfort measures refers to care facilities available either at old age home or at family setting. Care facilities include living, hygiene, health, diet, psychosocial needs, behaviour of care providers, recreation. Intervening variables refers to background factors of elderly which include age, sex, education, occupation, marital status, type of family, monthly income, number of children. Comfort refers to subjective well being of elderly; place of living refers to elderly living either in old age homes or in family setting. Health care needs refer to level of satisfaction in terms of care facilities available either in old age homes or in family setting. It may be expressed as ‘satisfied’, ‘partially satisfied’ and ‘not satisfied’.

The approach adopted in the study was - survey with comparative survey design. The independent variables in the study were background factors like age, sex, education, occupation, type of family, marital status, monthly income, and number of children. Place of living that means family setting like Old age home, was also an independent variable of the present study. The dependent variables were - the subjective well being and level of satisfaction of elderly living in family setting and in old age homes.

The study was conducted in two old age homes and one municipality area in Tripura. The population under the study consisted of elderly living either in old age homes or in family setting. Sampling technique used was purposive one for the old age home and Snowball technique for the family setting. Structured interview method was judged as the most appropriate method for collecting the data and interview schedule consisted of three parts. Part 1 had items pertaining to personal data and Part 2 comprised 40 structured items of Standardised Subjective well-being inventory by Nagpal & Sell. The inventory contained 40 items and 20 of these elicit positive effect, that is, whether one feels good or satisfied about particular life concerns and 20 items elicit negative effect,
that is, unhappiness, worry or regret about a particular life concern. All the items permit three-response categories only: very positive, positive and neutral for the positive items and very negative, negative and neutral for the negative items. The score ranged for the tool was 40-120. Part 3 consisted of level of satisfaction scale with 50 questions of 7 areas. These statements were responded on the 3-point scale as ‘satisfied’, ‘partially satisfied’ and ‘not satisfied’. The score range was 50-150.

Validity of the tool was determined on the basis of nine experts’ opinion for clarity, appropriateness, adequacy and relevance of the items. A try-out study was conducted in order to finalise the tools. Reliability of the tool was established by Cronbach Alpha Co-efficient method and it was 0.71. Data was collected by personal interview method - 60 samples from the old age homes and 60 samples from the family setting. The data was tabulated, organised, analysed and interpreted by using descriptive and inferential statistics on the basis of objectives of the study and hypothesis to be tested. Parameters used were mean, median, standard deviation, Chi-square values and t values.

Findings

Description of sample characteristics: Most of the elderly were in age group of 60-70 years, illiterate with low income status, belonging to nuclear family, female, married in old age homes, and 60 percent of elderly were in age group of 60-70 years, married, joint family with 2 or more children, literate, high income status, in family setting.

Subjective well being scores of elderly: The mean subjective well being score of elderly living in family setting was 88, median 82, and standard deviation 12.22. The mean subjective well being score of elderly living in old age homes was 81, median 80, and standard deviation 9.32.

Mean difference of subjective well being of elderly living in family setting was significantly higher than elderly living in old age homes.

Level of satisfaction: Mean level of satisfaction scores of elderly living in family setting was 116, median 117, and standard deviation 5.07. Mean level of satisfaction scores of elderly living in old age homes was 107, median 108, standard deviation 3.71.

Mean difference of level of satisfaction of elderly living in family setting was significantly higher than the elderly living in old age homes.

Relationship between subjective well being and level of satisfaction: Subjective well being of elderly living in family setting was significantly related with level of satisfaction. Further, there was no significant relationship between subjective well being of elderly living in old age homes and level of satisfaction.

Relationship between subjective well being and selected background factors: Mean subjective well being scores of elderly staying in old age homes in age group of 60 -70 years, literate, low income group, having no children, male and married was higher than elderly living in family setting.

There was significant relationship between subjective well being of elderly in old age homes with age, education, occupation, monthly income, number of children. Similarly, there was significant relationship between subjective well being of elderly living in family setting with sex, monthly income, marital status and educational status.

Relationship between levels of satisfaction with selected background factors: Mean level of satisfaction scores of elderly living in family setting were higher in age groups 60-70 years, male, literate, high income group, having more children than elderly living in old age homes. There was significant relationship between level of satisfaction of elderly living in family setting with sex, educational status, marital status, and occupation. There was no significant relationship between levels of satisfaction of elderly living in old age homes with selected background factors.

Implication for Nursing Education

With the changing demographic structure of the population, there is greater proportion of elderly people. The course curriculum should be updated by incorporating all aspects of aging, including healthy aging so that the nurse practitioners are able to manage this vulnerable section of population in right perspective.
The community health nurse can be given continuing education programme to update their knowledge in this area so that they can be part in the management of this vulnerable group which is coming up in a big way all over the world.

In the present trend of health care delivery system, the emphasis has to be shifted from cure to care-oriented services. This can be only achieved by integrating and updating new trends in the nursing education.

Education faces tremendous challenge in keeping pace with the changes in nursing practice to maintain its high quality. Nurses with higher education and up to date knowledge will deliver cost effective and quality care.

**Implications for Nursing Practice**

- The care givers in old age homes can be supervised by the community health nurses or work in partnership.
- The existing health services have mainly placed emphasis on curative aspects but more comprehensive care is required to improve health of aging people and increase their quality of life.

**Implications for Nursing Research**

The health care environment today is dynamic and more demanding. There is a need to promote research-based practice and the use of evaluation methods to measure outcome and document the quality and cost effective care as nursing moves towards an independent professional practice. Further, new knowledge needs to be developed so that the nurses of tomorrow can have appropriate skills and capabilities and change attitudes and values, if necessary.

**Implications for Nursing Administration**

- Nursing administrator should provide necessary facilities and opportunities for nursing staff to equip themselves with knowledge to deal with elderly, their needs and problems in physical, psychological and social perspective.
- The administrator must appoint nursing personnel for providing expert nursing care to the elderly, and must ensure that the care givers are trained or supervised by them to ensure quality care.
- Nursing administrator should conduct workshops, seminars in cooperation with the manager of the old age home so that care givers and nursing personnel can update their knowledge in geriatric nursing.

**Recommendations**

- This study was restricted to the old age homes run by non-government organisations in selected areas of Tripura, so similar study can be conducted to other areas also in view of the fact that more old age homes for elderly have come into existence.
- A study incorporating the elderly self care ability and related health problems may be helpful in obtaining an objective picture about the social changes taking place in India.
- An extended care service for the elderly living in family settings covering promotive and preventive aspects is required. Hence, a study can be conducted to evaluate the utilisation of extended care services by the family members.

**Conclusion**

Elderly living in family setting are having more subjective well-being and level of satisfaction scores as compared to elderly living in old age homes. It is therefore important to provide more facilities for elderly living in old age homes either by government or by non-government authorities.

**References**