

DOI

**INVESTIGATION OF THE PERSONNEL ANXIETY AND
PSYCHOLOGICAL NEEDS OF THE RETIRED PEOPLE WHO LIKE
AND DON'T STAY IN THE HOUSE OF PEACE**

Mesut Cevdet YAVUZ

Abstract

The purpose of this study is to examine the psychological needs, anxiety levels and hopelessness levels of retirees who stay and do not stay in nursing homes. The sample of the study consists of 383 retirees who stayed and did not stay in the nursing home in Istanbul, which was randomly selected. In the research, Beck Hopelessness Scale, State-Trait Anxiety Scale and Psychological Needs Scale measurement tools were used. In the calculation of the data, t test and Pearson Moments Product Correlation Coefficient Analysis techniques were used. As a result of the research, it has been found that retirees staying in the nursing home are higher than retirees who do not have anxiety levels. According to another result of the research, it was found that retirees staying in nursing homes are higher than retirees who do not have despair levels. It was found that those who stayed in nursing homes had more proficiency needs. In addition, a positive and significant relationship was found between despair and need for relationship, between despair and anxiety, and between anxiety and need for autonomy. It is thought that the findings will shed light on the studies to be made for retirees.

Keywords: Anxiety, hopelessness, psychological needs

Human; There are many developmental changes that require adaptation such as being born, growing up, going to school, getting married, starting work, becoming a parent, retiring from prenatal to dying. The individual is faced with both physical, cognitive and emotional changes during each age period and changing social, cultural and historical conditions specific to each age period. These different developmental tasks require the individual to get used to new

environmental conditions and to go through new learning experiences. (Lyon 2000; Robinson and Smith 2010).

An important role transformation that prepares the transition from adulthood to old age is retirement life. Being retired causes the individual to experience various losses; causes important changes in the economic, social and emotional fields. The lifestyles of the retired people and the changes that occur accordingly affect them in an individual, socio-economic and socio-cultural context. The degree of these effects depends on the location of the retired. In the retired living with their families; Meeting the biological, economic and social needs primarily by the families contributes to their more peaceful and happy lives (Lo and Brown 1999).

With the extended family gradually turning into a nuclear family in the age of modernization, retirement faces the possibility of living alone, and this phenomenon is increasing in especially developed countries. With the disappearance of the family, which is the most important tool in making the individual integrated and harmonious with the society, and the retired living alone, it will begin to move away from loneliness, isolation and eventually from being social. Retirees who move away from the productivity function, experience a sense of uselessness, need the help of others to survive their daily lives, try to live in nursing homes. It is known that people feel isolated in nursing homes, feelings of loneliness, hopelessness and anxiety and their psychological problems increase. It is known that retired people prefer to stay in their own homes, although they are satisfied in matters such as eating, drinking, sleeping and cleaning in institutional nursing homes. Pensioners, who constitute a risk group in terms of mental health, face more intense problems in the nursing home. (Corey and Corey; 2006).

Hopelessness is the attribution of the past life pattern to the future by generalizing it. The inability to find a cure for one's problems pushes the person into despair. Despair is an ultimate result of desperation (Collins and Cutcliffe, 2003). While hope makes the person believe in the future, the idea of seeing what

will happen in the future in despair, the idea of seeing the future and the future has disappeared. In addition to the internal factors such as autonomy, self-esteem, independence, strength and integrity, individual factors such as autonomy, self-esteem, and the external factors such as the perception of the individual and their perception by them are also affected. Life expectancy varies according to the hope and hopelessness of man. Hope is observed in various ways during retirement. While hopeful people strive to survive, treat diseases and live more comfortably and comfortably, the situation is the opposite in desperate people (Sullivan 2003).

Desperate individuals have a pessimistic view of their future and themselves, and they see their world as a world full of obstacles in preventing their difficult expectations and goals (Sharf, 2014). When people have negative thoughts about themselves and their world, they begin to evaluate their selves as negative, worthless, lonely and inadequate, as a result, the individual will evaluate himself negatively and will be anxious.

While Schultz and Schultz (2002) explain anxiety as the force that motivates to reduce the situation that causes tensions in people's behavior, Köhnel has defined emotional states such as “rush, sadness, fear and anxiety” that cause tension and pressure in man. Spielberger (1966) addressed Anxiety under two headings: "state anxiety" and "trait anxiety". Accordingly, state anxiety; it is the subjective fear that he feels because of the printed (stressful) situation that the individual is also in. Continuous anxiety is the individual's perception or interpretation of his / her predisposition to anxiety experience and the situations in which he / she is in general. From a developmental perspective, moderate to severe fear and anxiety are part of normal development. Anxiety is considered as a problem when it starts to hinder the individual's functionality (Kendall & Suveg, 2006).

Consoli et al. (2006) positive or negative experiences experienced by people affect anxiety. They stated that anxiety was learned through learning and observation and that anxiety might occur according to the stimuli. Environmental

factors play a major role in creating anxiety. But it can be extremely effective in genetic factors. In genetic factors, some are prone to congenital anxiety. Family structures are an example of the environmental factor. Anxiety levels of people who grow up and live in a positive family climate are low (Albano, 1995).

The retirement process, which means the end of the active working life, brings with it the problem of the individual's distance from social life. Today; most retired individuals face psychological and social problems (Ashman and Zastrow 1990). Psychological needs are an important variable that can affect an individual's perspective and perception of his life. While the people whose needs are met are seen as highly motivated, life-loving and self-confident, people whose basic psychological needs are not adequately met may experience mental health problems, and may also be seen as passive people in their social environment and feel inadequate (Ryan and Deci, 2011).

It is stated that psychological needs significantly change and develop in terms of psychological and social support, as well as individual well-being (Ryan & Brown, 2003). Psychological needs are accepted to be universal (Coleman, 2000).

Among the psychological needs, the need for autonomy is handled as the individual's starting his own actions and making choices (Andersen, 2000). The need for autonomy allows the person to direct their activities (Reis, Sheldon, Gable, Roscoe and Ryan, 2000). The need for competence is the individual's willingness to influence his or her environment (Kowal & Fortier, 1999) and the capacity to interact effectively with the environment. Being effective in achieving the desired results (Reis et al., 2000) and feeling self-sufficient when dealing with the environment (Ingledeu, Markland & Sheppard, 2004). Individuals with a sense of competence believe that they will achieve their goals successfully (Williams, Gagne, Ryan, and Deci, 2002). The need to be related is the need of the individual to be connected with others. The individual's feeling of belonging in the social environment (Kowal & Fortier, 1999) is taking care of people (Connell,

1986). The need to be related requires mutual respect, care and trust in others and includes sensitivity, warmth, emotional acceptance (Andersen, 2000). This need enables the individual to be close and connected with the important people in his life and to feel support and satisfaction in their relationships (Ingledew, Markland and Sheppard, 2004).

It is a social duty for retirees, who can be called the seniors of society, to move to good places in the society, to lead a high level of well-being in the last part of their lives, and to produce positions that they can be happy in their social environment. For this reason, retirees need protection and support through social policies. In this study, anxiety, hopelessness and psychological needs of retirees will be examined.

METHOD

Model of the Research

In this study, the levels of hopelessness and burnout in retirees were examined. Relational screening model was used in the research. Relational screening models are research models that aim to determine the presence and / or degree of co-variation between two or more variables (Karasar, 2007).

Universe and Sampling

The universe of the research consists of retirees residing in Istanbul. The scale of the study was applied to 383 retirees who were determined by random sampling method.

Data Collection Tools 1.Beck Hopelessness Scale

Beck Hopelessness Scale is a scale developed by Beck et al. (1974) that aims to measure individuals' future expectations and pessimism level. Beck Hopelessness Scale consists of expressions stating the 20-item emotions and thoughts about the future. Individuals are asked to mark the “right” option for expressions that suit him or “false” for expressions that do not suit him. Of these statements, there are 11

correct and 9 wrong answer keys. If the answer to questions 2, 4, 7, 9,11, 12, 14,16, 17, 18, 20 is yes, 1 point; 1, 2, 5, 6, 8, 10, 13, 15 and 19 questions If the answers are no, 1 point is given. In the answers given otherwise, “0” points are given. The items that make up the scale are examined in three sub-dimensions. Emotions about the future in the scale; Items from 1, 6, 13, 15, 19 items related to loss of motivation; 2, 3, 9, 11, 12, 16, 17, 20 and future expectations are 4, 7, 8, 14 and 18 items. The total score obtained consists of the “hopelessness” score (Seber, 1991)

The scores that can be obtained from the scale vary between 0-20 (Seber, 1993; Öner, 1997). A high score indicates that the individual's hopelessness is high (Savaşır & Şahin, 1997).

The Beck Hopelessness Scale was first developed by Beck et al. (1974) and the Cronbach alpha reliability coefficient was .93, and item-total score correlations were .93 It was found to vary between .39 and .76.

The validity and reliability study of the Turkish form of the scale was conducted by Seber (1991) and Durak (1993). In his study to determine the validity and reliability of the scale, Durak (1993) examined the Cronbach alpha reliability coefficient .85, item-test correlations over the entire sample and found the lowest correlation coefficient $r = .31$ and the highest correlation coefficient $r = .67$.

Seber et al. (1993) Cronbach alpha coefficient with his studies on the reliability of the Turkish form of the hopelessness scale. 86, item-total score correlations ranged between .07 and .72, test-retest reliability was .74 (Seber, 1991; Durak, 1993).

2. Psychological Needs Scale

In the research, it was developed by Deci and Ryan (2000); "Basic Psychological Needs Scale (Annex 3)", which was adapted to Turkish by Cutter, Urea, Bozgeyikli and Sünbül (2003), was used. “Basic Psychological Needs Scale”

is a five-grade Likert type scale consisting of 21 items and ranging from Very True (5), Not True (4), Somewhat True (3), True (2) and Never True (1). The scale presents individuals' needs for various areas and individuals are asked to state how often they desire this situation on the scale. While the scale, originally rated as seven grading, was adapted to Turkish, the five grading type was preferred. In this study, five-grading type was preferred. The scale consists of three subscales: Need for Autonomy, Need for Competence, and Relationship.

The validity of the scale was provided by seeking expert opinions regarding the sub- dimensions and the whole scale. The external validity of the scale was analyzed by calculating the correlation coefficients between the "Success", "Autonomy" and "Proximity" subscales of the Edwards Personal Preference Inventory and the "Proficiency", "Autonomy" and "Relationship" subscales of the scale. It was also determined that the dimension was related to Edwards Personal Preference Inventory ($p < 0.05$). Cronbach's alpha internal consistency coefficient for the scale's reliability was found to be .76 for the entire scale (Bozgeyikli and Sünbül, 2003). The internal consistency coefficient of the "Basic Psychological Needs Scale" applied to the study group in this study was .81; the internal consistency coefficient of the autonomy sub-dimension of the scale is .61; internal consistency coefficient of the competence sub-dimension .46; The internal consistency coefficient of the relationship sub-dimension was found to be .74.

The scores obtained from the psychological needs scale show the degree of the individual's desire for psychological need. It is accepted that as the scores of the individuals increase from the scale, they feel the psychological need less (Annaberdiyev, 2006).

3.State-Trait Anxiety Scale

The State-Trait Anxiety Scale was developed by Spielberger and Gorsuch in 1964, and it was aimed to measure the trait anxiety levels in normal and non-normal individuals. After the adaptation and standardization of the scale to Turkish was done

by Öner and Le Compte in 1974-1977, the inventory was used in research involving Turkish young and adult groups. The State-Trait Anxiety Inventory includes two separate scales consisting of forty items in total. State Anxiety Inventory describes how the individual feels at a certain moment and under certain conditions; It requires him to answer his feelings about the situation he is in. The Trait Anxiety Scale, on the other hand, requires the individual to describe how he feels (Özorak, 2010). Since this study aims to determine the future anxiety of adults, only the Trait Anxiety Scale section of the State-Trait Anxiety Scale will be used in this study.

The Turkish reliability and validity studies of the scale were performed by Öner and Le Compte. The test-retest reliability of the Trait Anxiety Scale was found between 0.71 and 0.86, and the internal consistency and homogeneity coefficients calculated with alpha correlations, a generalized form of the Kuder Richardson formula, were between 0.83 and 0.87 (Öner, 2009). In answering the Trait Anxiety Scale, it is requested to choose and mark one of the "almost never", "sometimes", "a lot of time", "almost always" options according to the frequency of the feelings, thoughts or behaviors expressed by the items. For items 21, 26, 27, 30, 33, 36 and 39 included in the scale, negative (decreasing total anxiety score) and positive (increasing total anxiety score) scores for other items are given. The evaluation is done by adding 35 constants to the sum of the positive and negative scores obtained. The highest score that can be achieved is 80, the lowest score is 20. Big score indicates high anxiety level, small score indicates low anxiety level (Öner, 2009). Sesti (2000) stated that the scores obtained from the scale were 20- 39 low, 40-59 medium, 60-80 high anxiety scores (Yeniçeri, et al., 2007).

Data Analysis

The data obtained in the study were analyzed by using t test and Pearson Moments Product Correlation Coefficient techniques in order to see the relationships of variables.

RESULTS

Table 1. Test results regarding anxiety levels of retirees according to their retirement homes

Size	Nursing Home	N	X	Ss	t	p
Anxiety	Stay	164	47,73	4.36	-,327	0.39
	Not Stay	219	48,61	5.39		

When the anxiety levels of retirees stay in the nursing home were analyzed, the arithmetic mean of the retirees staying in the nursing home ($X = 47.73$) and the arithmetic mean of the retired people who did not stay in the nursing home ($X = 48.61$) were found. A significant difference was found between the means ($t = -, 327 p > .05$). Retirees staying in the nursing home were found to be higher than retirees without anxiety levels.

Table 2. Test results regarding retirement despair levels of retirement homes

Size	Nursing Home	N	X	Ss	t	p
Despair	Stay	164	15.47	5,79	-,354	,000
	Not Stay	219	15.69	6,29		

When the hopelessness scale of the retirees was examined according to whether they stay in the nursing home, the arithmetic mean of the retired retirees ($X = 15.47$) and the arithmetic mean of the retired retirees ($X = 15.69$) were found. A significant difference was found between the means ($t = -, 354 p > .05$).

It has been determined that retirees staying in nursing homes are higher than retirees without despair.

Table 3. The results of the t-test regarding the psychological needs of retirees and whether they stay in a nursing home

Size	Nursing Home	N	X	Ss	t	p
Need for Relationship	Stay	164	15,68	5,35	-,219	,000
	Not stay	219	15,81	6,04		
Need for Proficiency	Stay	164	21,61	5,56	,798	,000
	Not stay	219	21,15	5,31		
Need for Autonomy	Stay	164	27,51	5,68	,706	,000
	Not stay	219	27,11	5,67		

When the sub-dimensions of the psychological needs scale of retirees were examined according to their staying in the nursing home, the arithmetic mean ($X = 15.81$) of the pensioners living in the home and the arithmetic mean of the retirees living in the nursing home ($X = 15.68$) were found. A significant difference was found between the means ($t = -, 219 p > .05$). It has been determined that those who stay in nursing homes have more relationship needs. When the qualification requirement scores were examined, the arithmetic mean of the retirees living in their homes ($X = 21.15$) and the arithmetic mean of the retirees living in the nursing homes ($X = 21.61$) were found. A significant difference was found between the means ($t = , 798 p > .05$). It was found that those who stayed in nursing homes had more proficiency needs. When the autonomy requirement scores were examined, the arithmetic mean of the retirees living in their homes ($X = 27.11$) and the arithmetic mean of the retirees living in the nursing homes ($X = 27.52$) were found. A significant

difference was found between the means ($t =$, 706 $p > .05$). It has been determined that those who stay in nursing homes need more autonomy.

Table 4. Correlation analysis results related to psychological needs, anxiety and hopelessness levels in retirees.

		Despair	Relation	Qualifications	Autonomy
Relation	Pearson Correlation	,938**			
	Sig.(2-tailed)	,000			
	N	383			
Qualifications	Pearson Correlation	,107*	,118*		
	Sig.(2-tailed)	,036	,021		
	N	383	383		
Autonomy	Pearson Correlation	-,102*	-,038	,041	
	Sig.(2-tailed)	,047	,461	,424	
	N	383	383	383	
Anxiety	Pearson Correlation	,074*	,068	-,623**	,102*
	Sig.(2-tailed)	,039	,311	,000	,046
	N	383	383	383	383

When Table 4 is examined, the relationship between despair anxiety and psychological needs in retirees is examined. No significant relation was found

between relationship need and autonomy ($r = -.038$ $p < .000$), relationship need and anxiety ($r = .068$ $p < .000$), and competence and autonomy ($r = .041$ $p < .000$).

Between despair and need for relationship ($r = .938$ $p < .000$), Between despair and anxiety ($r = .074$ $p < .000$), between need for competence and relationship ($r = .118$ $p < .000$), between need for anxiety and autonomy. ($r = .102$ $p < .000$) positive and significant relationship was found.

A negative and significant relationship was found between autonomy and hopelessness ($r = -.102$ $p < .000$) between competence and anxiety ($r = -.623$ $p < .000$).

DISCUSSION AND CONCLUSION

According to the results of the research, it was found that the retirees staying in the Nursing Home are higher than the retired people who do not have anxiety levels. When the relevant literature is examined, it was found that as the level of meeting the needs of individuals with their competence, autonomy and relationality increases during the day, they experience high levels of positive emotion and vitality and low negative emotions (Sheldon et al. 1996). In another study on the subject (Reis, Sheldon, Gable & Ryan, 2000), it was stated that as the level of meeting the psychological needs of individuals increases, their positive emotions increase and their psychosomatic problems and negative emotions decrease. The related literature supports the research findings.

According to another result of the research, the retirees staying in the nursing homes were found to be higher than the retirees who did not have despair levels. Having close and safe social relationships is considered important for happiness and hope. Compared to less happy people, happy and hopeful people were found to be better in terms of friendship relationships and family support (Biswas-Diener, Diener & Tamir, 2004). In his study, Ponizovsky and Ritsner (2004) examined the relationship between loneliness,

psychological distress and social support. In the correlation analysis in the findings of the study, a positive relationship was found between psychological distress and loneliness, and a negative relationship between the level of social support and loneliness. It is in line with the findings of the research.

It has been determined that retirees staying in nursing homes have more relationship needs, competence needs and autonomy than those who do not stay in nursing homes. This finding of the study is consistent with the results of the study conducted by Kasser and Ryan (1999). In their study, Chirkov et al. (2003) and Schmuck (2000) reported that psychological needs have been met due to the subjective well-being, as a result of intrinsic purposes such as contributing to the family and society, asking for a healthy relationship with people, caring for physical health, targeting personal development and meaningful life. . A high level of self- efficacy belief requires choosing appropriate behaviors for adapting and managing changing living conditions and gaining cognitive and behavioral self-regulation to sustain these behaviors.

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According to Snyder (1996), despair is a phenomenon closely related to the individual's cognitive structure and information processing style, and negative life events and negative, established and generalized inferences about

them are the main factors that feed the feelings of hopelessness. In his research, Mailanen (1995) states that there is a significant relationship between depressive symptoms and negative attitudes and expectations for the future such as anxiety. It supports the results of these researches.

Psychological problems of retirees may be psychological disorders due to their experiences at a young age, and social isolation may cause fear of being dependent. Changing physical appearance, emerging health problems and being self-sufficient cause psychological problems in retirees. However, retirement life does not cause stress and anxiety on every individual. While Langlois and Cramer (2004) stated that 30% of retired individuals find their retirement life stressful and anxious, other studies have found that retired individuals have lower stress levels and higher well-being than working individuals (Midanik et al. 1995, Mein et al. 2003). In line with these findings, Fehr (2012) stated that retirement may not always be stressful, it can support the state of well-being with the innovation it brings to life and there may be an opportunity to realize itself. Evaluation of retirement as a stressor seems to be related to various life characteristics. While retirees without a partner consider retirement more stressful, there is no difference between retirees with and without children at home (Langlois and Cramer 2004). Planning what to do before retirement and retirement helps the individual to adapt better (Lo and Brown 1999). At the same time, it seems important how the individual attributes meaning to his retirement life. Perceiving retirement as "retreating" and aging is likely to affect the individual's health negatively. Barrett (2005) believes that the adulthood of an individual in adulthood feels old or young; stated that people who feel young have better health, while those who feel older have a worse health.

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