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## “Vulnerability of Aged people and the Role of Human Resource Management in India”

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(Received 29 August 2017, Accepted 05 October, 2017)

(Published by Research Trend, Website: [www.researchtrend.net](http://www.researchtrend.net))

**ABSTRACT:** A large portion of the aged population has to take refuge in such care homes that are run by nongovernmental organizations funded by donations or getting partial grants from the government. The living conditions are not encouraging in such facilities given limitations of the caregivers and economic constraints. Case studies, group discussions and personnel interactions with the elderly were made to assess the status of old people. The observations revealed that aged people who are supported by their family members feel forced to live in such conditions which are not favorable for their lives. Thus they start developing a feeling of helplessness, with no possibility to share their grievances with anyone. Such conditions need to be reviewed and corrected, wherever possible. The caregivers also need to be trained to make the lives of inhabitants comfortable without enhancing cost to a larger extent. This needs to be made applicable in all types of conditions; family members supporting the elderly at homes, caregivers of pay and stay type facilities, functionaries of charitable shelters and government and nongovernmental care homes. The exposure need to be started right at the time of inception of building such a facility or where already built, to make necessary alterations or corrections at minimal cost. This paper is an attempt to deal with all such issues, including medical care.

**Keywords:** Vulnerability, old people, Human Resource, Management

### I. INTRODUCTION

With 8% of the total population in India falling in the age group of 60 years and above and a large portion of these people unable to support themselves independently given various kinds of constraints, they feel forced to take shelter in old age homes. As one attempts to review the intervention studies concerning dependence amongst the aged people of India from a holistic management perspective, feeling of failure becomes imminent upon the inability of the aspirant to find much in this sphere. Nevertheless, the imposing numbers related to rapidly increasing old population (i.e. the aged) needing care in India are suggesting the dire need to look into this topic. There is some research conducted on this topic from specialized angle, which minutely studies specific requirements of aged people in specific environments. For instance, there are studies over quality of life of inmates with dementia in residential care homes with mood as the main predictor of residents' wellbeing (Hoe, 2006) [1]. Some studies focus on security in old age homes in countries like Finland and Portugal or housing and income related issues in the member states of European Union (Naumanen, 2012) [2]. The literature is pretty silent when it comes to the Indian context, despite the availability of specific legal provisions of retention and inheritance and protection for the aged from being ousted from their own built homes by the younger generation (see for example The Hindu Succession Act, 1956). However, legal battles are not easy to win, especially when the elderly have little money and physical support to contest, most of the times against their own kin. In such circumstance, there is a need to look at the role of different actors of human resource management (HRM), which can make a difference (such as primary family members; institutions such as legal and family; policy makers; support groups etc).

Some useful work has been conducted to study malnutrition as an important factor of morbidity and mortality amongst the elderly in care homes in the West (Watkinson-Powell, 2014) [3], but in the Indian context it has little relevance as majority of care homes in India are unsupported by government finances and they go by their own means as per existing available resources.

The emerging research evidence evaluating the framing strategies preventing falls or fractures in residents in care homes and hospital inpatients and the effect of dementia and cognitive impairment give valuable insights related to this research but with limitations of physical wellbeing of the inmates. There is indeed a study stream of research from medical perspective (Holmquist, 2003) [4]. Such studies exhibit a common trait – helplessness of the elderly from different perspectives. But these leave one wondering if there can be an all-encompassing or at least entailing some of the vital factors preventing sense of inability and dependence amongst the aged by making appropriate provisions for caring the elderly in a single facility. This research is one small step forward in this regard.

In light of the above presentation, the main aims of this paper are twofold. First, to highlight the dire need to research into the care provided to age in India and second, to propose HRM perspectives from different actors' viewpoint to tackle the same. While attempting to address these aims, this study attempts to gather such factors with futuristic orientations of building provisions to manage to facilitate senior citizens live a respectable and hassle-free life while instilling a sense of confidence in them by lessening the emotional trauma that creeps in because of the feeling of helplessness amongst them. It mainly concentrates on vanishing or belittling helplessness amongst the elderly in old age homes or even at their own homes wherever financially and socially viable. It is understandable that all the components might not be gathered at one place. Any such attempt could face impeding factors including constraints due to topography or geographical locations, cultural differences in different states, varying norms and social value systems prevalent within the society, economic disparities, physical structure and capabilities of the inmates depending on their past lives, supporting abilities and political will of states for arranging medical facilities. Besides these there could be dearth of availability of managerial skills amongst the caregivers and support staff as well as the members of the families wherever applicable. Scores of other such vital reasons might be there but attempts shall be made for minimizing the hassles to ensure providing of conducive surroundings to the needy as this shall remain the focus of the study.

It is beyond the scope of one research project to cover a large country like India; hence we focus on one state – Haryana. The percentage of population in the age group 60 years and above to total population in India is 8.0% with males being lesser at 7.7% and female population at 8.4% (Census 2011, India) [5]. Some noteworthy differences become visible when this national level percentage is compared with the northern state of Haryana in overall terms and on the basis of pattern of residence of the aged population in this small state spreading into 44212 square kilometers. The Sample Registration System of Government of India Census shows that compared to the above stated national percentage of aged population, Haryana's senior citizens are lesser in both residential pattern percentage and male-female ratio. The total aged population of this state is 7.1% with a disproportionate ratio of male-female population in this age group having 6.6% males and 7.6% females. The percentage of women is higher in comparison to males both in rural and urban areas as out of a total of 7.3% aged residing in rural areas there are 7.9% women and 6.7% men. Similarly in urban areas there are 7.1% females against 6.4% males with a total of 6.7% aged population in urban areas. While the sex ratio in Haryana is just 879 females per 1000 males, amongst the aged it is much higher as compared to the overall ratio at national level as well as state level. On the other hand, the women literacy rate in Haryana is just 56.91% against male literary rate of 84.06% while the overall literacy rate in this otherwise prosperous state is 75.55% in a total population of 25.35 million. These statistics are going to have a severe impact on the study of helplessness at ground level in this state. With the premise that most of the aged people feel forced to find shelter in care homes which are being organized mainly by charities and in the absence of appropriate government input, these shelters have limitations in different terms. These are specifically regarding the design, structure, facilities, medical care, nutritional value of meals, clothing, linen, furniture articles, library facilities, installation of cash dispensing machines in the facilities, means of recreation etc. Despite the visible drawbacks in the facilities many of the female inmates had little exposure outside their households during their good old days and lack of education constrains them from sharing their grievances over these accounts, however these might be adversely affecting them. The above analysis highlights the complete absence of a comprehensive or holistic approach to care for elderly in India in general and in the state of Haryana in particular. Different HRM actors can certainly make a difference in the effective management of elderly. This study attempts to make a contribution in the same regard.

## **II. METHODOLOGY**

The researcher has been engaged in collecting data over the past couple of years through case studies to examine the factors responsible for generating feelings of helplessness amongst the elderly in the state of Haryana as part of a qualitative research. This involves quasi participant observations as part of data collection as many aged people have apprehensions while speaking out about the requirements, felt deficiencies or concerning the reasons responsible for forcing them to seek refuge in old age homes. Some senior citizens residing with their own families also have serious inhibitions in describing the constrictions in leading day-to-day life smoothly despite all the perceptibly

considered facilities made available to them by their wards. They could not afford to be expressive lest they might offend their caregivers.

During the detailed interactions running into more than one session in most cases a feeling of helplessness was observed amongst the respondents with variability.

### III. OBSERVATIONS

**Physical:** The first and foremost cause of helplessness amongst the elderly people is their physical inability to move because of various reasons. Many of them suffer from joints pain, arthritis, ocular weakness causing lower or hampered vision or other optical problems, Parkinson ailment that keeps their body parts shaking and making them unstable, infirm grip that deters them from holding anything tight, thereby rendering them incapable of even drinking beverages or water of their own. Feeble physical structure does not allow them to move independently and when the structure of their building is not appropriate for their already hampered movement, their lives become all the more difficult. The slippery tiles and floors and wet washrooms can cause them bathroom fractures, they are apprehensive. This does not allow them to take even water from earthen pots or refrigerators placed at very small distance. Thus they cannot even take their medicines without someone else's assistance. Other reasons leading to such helplessness have been briefly discussed further.

**Financial:** This is the biggest constraint that the elderly people face in accomplishing their day to day tasks as in the absence of proper financial resources they cannot procure anything irrespective of its inevitable requirement. Some of the factors causing a feeling of vulnerability amongst the elderly are overlapping as even if they have money in their bank account but they cannot visit the bank or even ATM nearby, they are unlikely to get any money so physical and financial reasons sometimes overlap. Also lack of money makes them all the more dependent over their care providers who may or may not be able to support them financially, thereby causing depressed feelings amongst them.

**Psychological:** Once the elderly people start feeling that they are no more of any great value for their family members or they feel ignored because of any reasons, such a feeling obviously erupts in their minds. They start feeling themselves a burden over others. Such elderly people may have identity crisis. Sometimes even the excess of care can lead to psychological problems as they feel over attended and start considering such attention as sympathy. Also such extraordinary care by their family makes them all the more dependent and they soon become kind of defunct, waiting for others to fulfill even their very petty requirements. Such factors cause psychological helplessness amongst them.

**Social:** Most of the elderly people have faced such situations in their lives when people whom they felt associated with gave them cold shoulder, they looked through them to ignore them and let them know in more than clear words that they were unwelcome. And this did not remain limited to the physical aspect, in fact even when they tried to communicate with their relations on whom they had always relied and had done a lot for them, they did not respond to their calls or text messages even. Their attempts to contact them over social media like Facebook or WhatsApp bitterly failed and they had to bear the cold finger response. Such avoidance naturally made them feel unwanted at the places they were in and they felt compelled to make a move elsewhere, to such a place where they could lead a dignified life and they may not feel a discarded or redundant personality anymore.

**Medical:** Such senior citizens who have ailments like dementia, Alzheimer, Parkinson or a common forgetfulness come under great mental stress and start feeling themselves incapable in doing any kind of jobs. This can further lead to depression and its further advanced stages. Inability to move from one place to another, weakness in bones, arthritis, lesser visibility, skin problems, difficulty in mixing up with other people, especially the unknown etc are all major causes of their feeling helpless.

**Decision making:** Although majority of men consider that experience has no substitute, yet when elderly people impart words of wisdom there are hardly any people willing to pay heed to their advice. Sometimes the suggestions are not suitable or have become redundant and do not fit in the present scenario. Aged people feel ignored and find that they do not have a major say in the decision making within the family. This causes generation of complexes amongst them and they are even accused of unnecessarily interfering in the family affairs despite having no practical knowledge of the issues. Thus a devastated feeling occurs in such situations.

All these aspects have their sub-factors because of which the senior citizens consider them impediments leading to a collective feeling of being vulnerable and powerless in their individual circumstances and social environment.

An initial analysis reveals that the above aspects are further subcategorized into the following:

**Physical Variables:** Architectural issues, flooring designs and material, hampered movements, Medical conditions, Inability in financial transactions, Medicine intake, and Habits unsupported.

**Financial Variables:** Inability to spend despite possessing ample money, Lack of financial resources, Compulsive stashing, Lack of control over finances, Spendthrift, Inability to withdraw deposits, Unsupportive government pension plans, Unfriendly personnel of financial institutions, Dependence in spending

**Psychological:** Lack of recognition, Shattered confidence, Disinterest of members in them, Lack of assimilation in groups, Satires from members, Excess of care, Surfeit affection

**Social:** Lack of interaction, Unsupportive physique, Perceived age gap, Little control over recreational devices, Diminishing self-esteem, Suspicious kin, Loneliness, Unavailability of study material

**Medical:** Forgetfulness or dementia, Alzheimer, Parkinson, Infections or contagious ailments, Depressed feelings, Unfulfilled biological needs, Dependence or addictions, Physical challenges (disabilities), Innutritious or distasteful food

**Hampered Decision Making:** Outright rejection, Obsolete thought, Conservative, Experience constraints, Impractical approach, Holistic considerations, Negative accusations, Undue interference. The above aspects related to care of elderly were detailed in the conference presentation at IIM, Lucknow. Below, an overview regarding the role of HRM in dealing with the above is proposed.

#### **IV. ROLE OF HRM FROM DIFFERENT ACTORS' PERSPECTIVE**

In order to tackle the rapidly emerging problem of care for the aged, there is a need for a holistic approach from an HRM perspective. Below are some initial thoughts on the same.

##### *A. Primary Care Providers*

These would include family members and the aged. There is a strong need to create programmes to educate the primary family members about how best to address the caring needs of elderly at home. This is increasingly becoming important as the traditionally established social care system is now breaking-up. Indeed, there is also a need to educate the elderly as well regarding how best to keep things under their control as they move into old age.

According to a social consumption survey titled as Social Consumption on Health Report aimed at generating basic quantitative information on health sector wherein for the first time the data collected for a National Sample Survey health study has enabled assessment of the role of alternative system of medicine concerning prevalence of usage, treatment cost and different types of ailments people suffer from, it has been exhibited that 97.95% of the aged are living with their spouses and kids in Delhi. It also reports that on an average there are about 2 aged people per 10 households and around 72% of them are in the age group of 60-69 years. It further suggests that old age dependency ratio in Delhi was higher in rural areas as compared to urban locations. Another trend that the survey goes on to suggest about the prevalence of caregivers in urban areas appears surprisingly untrustworthy given the present day scenario in which people keep accusing others of callousness as the survey informs that in urban areas every 1000 persons in the age group of 15-59 years provide physical or other kind of support to 69 aged people. It also narrates a pathetic picture by informing that around 5.23% of the aged people were either confined to their homes or bed while 48.29% of aged persons depend on others for fulfillment of their day to day requirements.

In a previously conducted study by United Nations Population Fund (UNPF) in the year 2008 it informed that 65% of widows in India are above 60 years of age and out of these merely 28% are eligible for pension; although actually only 11% such eligible widows receive it. In a recently conducted study by UNPF in association with Stree Shakti, an NGO with Rekha Mody as its founder president, a strong need has been posed to create a panel for aged women within the ambit of National Commission for Women so as to create legal awareness amongst them, issuance of free travel passes for the needy and inclusion of single women in welfare schemes apart from making mandatory provisions of healthcare for elderly women. Several other recommendations have been given space in the recently published research report titled as 'Innovative Practice for Care of Elderly Women in India'. It is another matter of concern for us that in Global Age Watch Index 2014 our country has been ranked as 71<sup>st</sup> out of 96 countries that have been included in the survey conducted for studying elderly care. It has also been revealed that India has the 2<sup>nd</sup> highest population of elderly in the world and it has further been projected to rise to 12% of its total population by the year 2020. It is all the more a cause of grave anxiety to study the research findings in The Global Report on Ageing in the 21<sup>st</sup> Century conducted by UNFPA and Help Age International in 2012 buttresses the claims made by others that in India older persons, particularly older women, experience multiple discriminations including selective access to jobs and health care, abuse, denial of rights to own and inherit property and lack of even minimum basic income and social security. The document was intended to create awareness and make the exchange of information for mutual learning over the issue among different stakeholders in order to replicate ideas for their welfare effectively. We also learn from such research studies referred to above that 8% of the elderly population resides in rural areas and 40% of them are below the poverty line with 73% being unlettered. It is pathetic to learn that 90% of the elderly people have no social security cover and 50% of bedridden days are ascribed to elderly patients.

## V. CONCLUSION

An attempt has been made in this paper to raise awareness regarding the growing problem related to care of aged in India in general and in the state of Haryana in particular. Once the study is completed, it should be contributing to the fields of care for elderly, care home management, and the role of key HR actors in the management and provision of support to the aged in India. It should also have clear messages for both practitioners and policy makers. The opportunity to present at the conference will allow me to get useful feedback to further develop this critical research.

## REFERENCES

- [1]. Hoe, J., Hancock, G., Livingston, G. and Orrell, M. (2006). "Quality of life of people with dementia in residential care homes", *The British Journal of Psychiatry*, April 2006, **188**(5) pp. 460-464.
- [2]. Naumanen, P., Perista P. & Ruonavaara H. (2012). "Homes as Old Age Security? Households' Perceptions of Housing and Elderly Care in Finland and Portugal", *International Journal of Housing Policy*, Vol. **12**, Issue 1, 2012 pp. 47-68.
- [3]. Watkinson-Powell, A., Barnes, S., Lovatt, M., Wasielewska, A., & Drummond, B. (2014). "Food provision for older people receiving home care from the perspectives of home-care workers", *Health and Social Care in the Community*, pub 2014 Jun 30 pp. 553-560.
- [4]. Holmquist, I., Svensson, B. & Höglund, P. (2003). "Psychotropic drugs in nursing and old-age homes: relationships between needs of care and mental health status", *European Journal of Clinical Pharmacology*, Vol. **59**(8-9), Nov 2003 pp. 669-76.
- [5]. Census 2011 India [www.census2011.co.in/](http://www.census2011.co.in/)