

**COMPARISON OF THE DEPRESSIVE SYMPTOMS AMONG THE  
SELECTED CATEGORIES OF THE RETIRED GOVERNMENT  
EMPLOYEES IN KERALA**

By

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### **ABSTRACT**

The purpose of the study was to compare the Depressive Symptoms of the selected categories of the retired Government Employees in Kerala, India. 180 retired Kerala Government Employees of the selected categories were chosen as the subjects for the study. The subjects under the study were equally assigned to six groups based on their Designation in the Kerala Government Service. The six Groups are given below: Group A- Police Officers; Group B- Gazetted Officers; Group C Non Gazetted Officers-; Group D- Engineers; Group E- Teachers; Group F- Doctors. Geriatric Depression Scale (Yesavage, J.A. et al. 1983) was used to measure the Depressive Symptoms of the subjects under the study. ANCOVA & Scheffe's Post Hoc test were used to determine the difference between the different Groups under the study. The findings of the study indicated that Doctors, Engineers & Teachers have less Depressive Symptoms than other Employees.

**Key words:** Depressive Symptoms& Kerala Government Employees.

## INTRODUCTION

Ageing is the process or group of processes occurring in living organism that with the passage of time leads to a loss of adaptability, functional impairment and eventually to death. Health habits are clearly identified as having a major influence on life expectancy and quality of life during old age. Ageing process represents universal changes with age within a species or population that are independent of disease or environmental influence. People age in different ways. Some reach old age with prestige, affluence and comfort; others face age wrought with hardships and difficult circumstances. The more unfortunate faces poor health, declining mental function, inadequate financial resources and loss of loved ones. Health habits are clearly identified as having a major influence on life expectancy and quality of life during old age. The healthy life style followers are only half as likely to have suffered disabilities that keep them away from work or lead to limited day-to-day activities. In other words, habitual healthy living appears not only to promote longevity but also to increase the chance of having physical ability to enjoy life fully in later years. Many people at the age of sixty or above remain very healthy and active in life. The life style including exercise, diet and regular health check up helps people to enjoy meaningful and active life. Health is a strong predictor of well-being in late adulthood. When people face illness or

chronic disabilities, they feel a loss of personal control. Not only does helplessness increase, but social isolation increases too.

Behavioral scientists have become increasingly interested in studying the cognition encompasses all mental operations and functions, including attention, intelligence, memory, language and speech, perception, learning, concept formation, thought, problem solving, spatial and time orientation and motor behavior control. Both biological and environmental factors have been studied with regard to ageing and cognition. An environment that induces apathy or depression has been found to have a lowering effect on cognition cognitive abilities. Contemporary research on cognitive changes caused by ageing emphasizes the information processing capabilities of individuals as reflected in memory capacities.

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**METHODOLOGY:****Subjects:**

Kerala was taken as the universe for the present study. 180 retired Kerala Government Employees of the selected categories were chosen as the subjects for the study. The subjects under the study were equally assigned to six groups based on their Designation in the Kerala Government Service. The six Groups are given below: Group A- Police Officers; Group B- Gazetted Officers; Group C Non Gazetted Officers-; Group D- Engineers; Group E- Teachers; Group F- Doctors.

**Tool:****Geriatric Depression Scale (GDS)**

Geriatric Depression Scale (Yesavage, J.A. et al. 1983) was used to measure depression and the score was recorded to the nearest whole number.

Purpose: To measure the Depressive Symptoms of the subjects

Procedure: The questionnaire was administered to all the subjects for the by the investigator himself. The objective of the study was explained to the subjects and they were asked to respond to each question honestly and truthfully. As soon as they completed the test, the response sheets were collected by the investigator. The data was collected through the administration of a questionnaire that had 30 yes/no

type questions, which described how the subjects had been feeling during the week. The GDS was scored by computing the answers in 'bold' and one point was given to each of these answers. A score of 0-9 represented normal; a score of 10-19 represented mild depressives and a score of 20-30 represented severe depressives.

Scoring: The score was recorded to the nearest whole number.

### **PROCEDURE:**

The subjects under the study were equally assigned to six groups based on their Designation in the Kerala Government Service. The six Groups are given below: Group A- Police Officers; Group B- Gazetted Officers; Group C Non Gazetted Officers-; Group D- Engineers; Group E- Teachers; Group F- Doctors. Prior to the test, a meeting of all the selected subjects were held and they were explained regarding the objectives of the study, test procedure and effort they had to put in. The necessary data will be collected by administering the test for the chosen variable.

### **Statistical Analysis of Data:**

ANCOVA& Scheffe's Post Hoc test were used to determine the difference between the different Groups under the study.

**RESULTS:**

The data pertaining to the Depressive Symptoms of the six Groups of the selected categories of the retired Government Employees were analyzed by ANCOVA & Scheffe's Post Hoc test with the help of SPSS version 17. Findings pertaining to the Depressive Symptoms of the six Groups of the selected categories of the retired Government Employees which were subjected to analysis of covariance have been presented in the table1. The mean difference of six Groups of the selected categories of the retired Government Employees for the selected variable is presented in figure1.

**Table 1**

**Difference in Means of the Six Groups of the selected categories of the retired Kerala Government Employees in Depressive Symptoms**

Variable	Sources of Variance	df	Sum of Square	Mean Square	'F' Value
Depressive Symptoms	Within group	173	106.88	0.618	159.27 *
	Between group	5	491.98	98.396	

\* Significant at 0.05 level of confidence

$$F_{0.05}(5,173) = 2.21$$

As the 'F' value was found to be significant in the case of the selected variable, the Scheffe's Post Hoc test was applied to test the significance of the difference

between the paired means separately for different Groups of the selected categories of the retired Government Employees which was presented in table2. The Depressive Symptoms of the different Groups of different Groups of the selected categories of the retired Kerala Government Employees (means in numbers) are presented in figure1.

Table 2

**Difference between the paired means separately for different Groups of the selected categories of the retired Kerala Government Employees**

Group A	Group B	Group C	Group D	Group E	Group F	Mean Difference
10.23	8.47					1.76 *
10.23		7.63				2.60 *
10.23			6.17			4.06 *
10.23				5.83		4.40 *
10.23					5.60	4.63 *
	8.47	7.63				0.84 *
	8.47		6.17			2.30 *
	8.47			5.83		2.64 *
	8.47				5.60	2.87 *
		7.63	6.17			1.46 *
		7.63		5.83		1.80 *
		7.63			5.60	2.03 *
			6.17	5.83		0.34
			6.17		5.60	0.57
				5.83	5.60	0.23

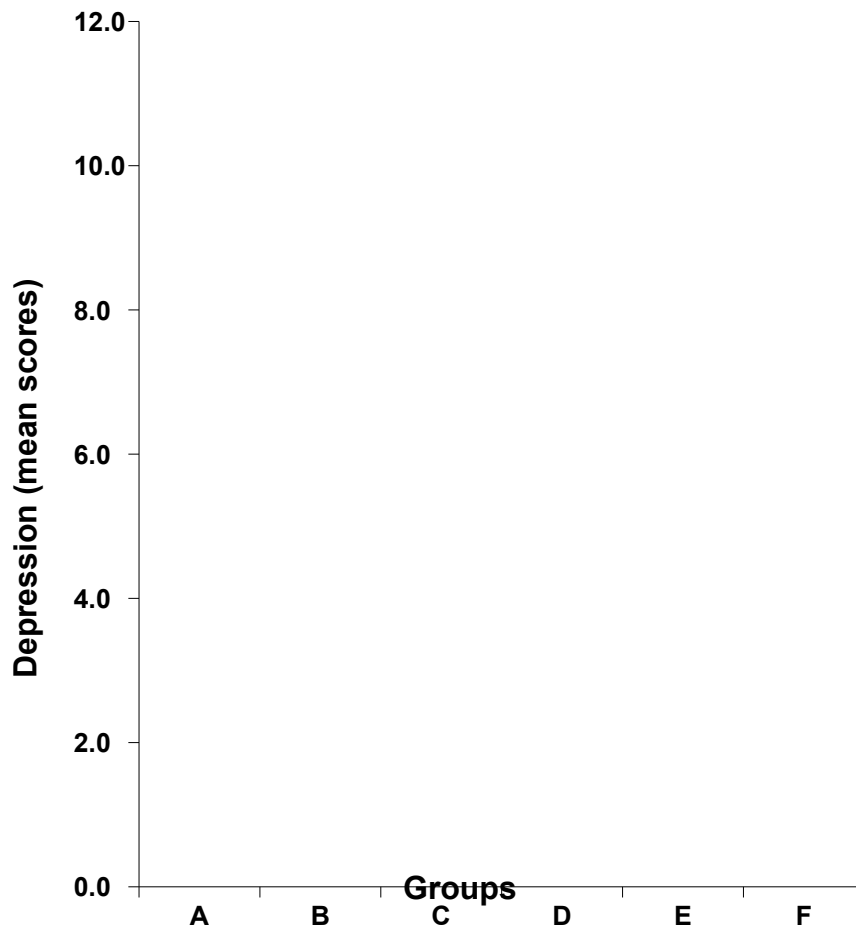


\* Significant at 0.05 level of confidence. The computed value of critical difference at 0.05 level is 0.97.

[Group A- Police Officers; Group B- Gazetted Officers; Group C Non Gazetted Officers-; Group D- Engineers; Group E- Teachers; Group F- Doctors. ]

### Figure 1

**Depressive Symptoms of the different Groups of different Groups of the selected categories of the retired Kerala Government Employees (means in numbers).**



[Group A- Police Officers; Group B- Gazetted Officers; Group C Non Gazetted Officers-; Group D- Engineers; Group E- Teachers; Group F- Doctors.]

## **DISCUSSION:**

The analysis of the results revealed that the Doctors, Teachers & Engineers have better in the depressive symptoms than other categories of the employees under the study. After achieving higher levels of career achievements may see a tangible achievement in their goals, they feel better and they develop a sense of competence that in turn provides them with feelings of mastery and control. An improvement of the scores obtained in the Geriatric Depression Scale in the case of Doctors, Teachers & Engineers may be attributed to the fact that the nature of their profession might have an anti-depressive effect on the participants with the depressive symptoms after their retirement. Other aspects such as the social support that generally accompanies their and the improved feelings of personal worthiness and self-esteem may also contribute substantially to the therapeutic outcome for some individuals. Their professions help them to provide a moral foundation for a healthy and harmonious inter personal relationship with society.

All of these factors may contribute to reduce Depressive Symptoms of Doctors, Teachers & Engineers than other Employees.

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