

Psychological Well-being Outcomes Following Cognitive Stimulation Therapy in Rojavanam Old Age Home, Madurai

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Received: 25th July, 2026; **Revised:** 30th July, 2026; **Accepted:** 9th August, 2026; **Available Online:** 15th August, 2026

ABSTRACT

Background: Ageing in institutional settings is often accompanied by cognitive decline, psychological distress, loneliness, and reduced psychological wellbeing. This study aimed to evaluate whether cognitive stimulation therapy could improve the psychological wellbeing of elderly residents in Rojavanam Old Age Home, Madurai.

Methods: A quantitative true experimental pre-test–post-test design was used with 60 elderly participants, selected by probability random sampling and divided equally into intervention and control groups. The intervention group received cognitive stimulation therapy in 14 sessions of about 45 minutes on non-consecutive days, and psychological wellbeing was measured using the Psychological General Wellbeing Index along with the Mini Mental Status Examination.

Results: At baseline, both groups had comparable levels of mild cognitive impairment and psychological distress, but after the intervention the experimental group showed marked improvement, with 37% reaching positive wellbeing and mean psychological wellbeing rising from 54.96 to 76.33. In contrast, the control group showed no improvement and continued to experience severe or moderate psychological distress, with post-test mean psychological wellbeing of 57.2.

Conclusion: Cognitive stimulation therapy was effective in improving both cognitive status and psychological wellbeing among elderly residents, supporting its use as a practical nursing intervention for institutionalized older adults.

Keywords: Cognitive stimulation therapy; psychological wellbeing; elderly; cognitive impairment; old age home; nursing intervention.

How to cite this article: Prathiba S. Psychological well being outcomes following cognitive stimulation therapy in Rojavanam Old Age Home, Madurai. *Int J Drug Deliv Technol.* 2026;16(75s): 661-669. DOI: 10.25258/ijddt.16.75s.78

INTRODUCTION

Older adults are often more prone to feelings of abandonment or isolation as a result of disabilities, chronic illness commonly and age-related stressors. In this stage, people face various problems viz physical helplessness arising out of disabilities, economic insecurity, loneliness, increased leisure time, lack of social support, and health complaints etc., which directly interfere in the well-being as well as living status of the elderly. Aging is an inevitable developmental phenomenon bringing along a number of changes in the psychological, physical, and social wellbeing of an individual. (Steptoe, A.2015).

Psychological well-being of an individual is how one evaluates their lives. A person perceives his well-being in three aspects: 1. Evaluative well-being (or life satisfaction) is how happy they are with their lives, 2. Hedonic wellbeing (feelings of happiness, sadness, etc) refers to every day feelings or mood, such as sadness, anger and stress, and 3. Eudemonic wellbeing (sense of purpose and meaning in life) focus on judgements about the meaning and purpose of one's life. (Steptoe, A.2015).

Decline in cognitive function usually affects the

positive functioning of wellbeing in the dimensions of autonomy, purpose over their life.

Eventually the psychological distress contribute to depression, anxiety rooting out of worries, dementia and delirium. About 15% of adult above 60 years of age experience depression which is one of the most important issue in the field of mental health (Crossi, E. 2012). Cognition includes wide ranges of higher mental abilities such as attention memory, reasoning and orientation. 1) Attention: it refers to concentrate and focus on specific stimuli 2) Memory: a person is able to recollect the information or incidents. 3) Reasoning: it includes to monitor self, plan, organize, reason, mentally flexible and solving the problem. 4) orientation: The ability to learn necessary skills. 5) Language : it is a complex domain and is able to perform a word search and generating words for certain given task. All cognitive abilities are very important in human being and these abilities decline especially after the age of 60. (Caroline, H.H 2013).

Cognitive stimulation therapy consists of series of mental exercise that activates our neural pattern and strengthen the cognitive abilities such as

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reasoning, language, memory, attention, speed processing with brain plasticity. Our mental ability is related to activation patterns of the different parts of the brain and depends on how each neurons is connected. The neural pattern is stimulated by clinical task and validated games, improving the

connectivity in the brain. Further more creates new synapses and myelinates neural circuits and helps in reorganizing the main cognitive function. Exercise is proved to increase the volume of the basal ganglia, hippocampus and prefrontal cortex in the brain. Building cognitive resilience can even create an impact on brains buffer against diseases and its recovery from trauma. (Corr, K. 2018)

The sessions of this therapy include a range of activities providing an optimal learning environment, and the social benefits of being part of a group. The Group members begins a session with a warm up activity and a theme song. The therapy combine different therapeutic exercises and learning and rehabilitation techniques aimed at re-training and improving the skills that each individual needs to train most. The activities administered were 1. Physical games 2. Sound 3. Childhood 4. Food 5. Current affairs 6. Faces / scenes 7. Word association 8. Being creative 9. Categorising objects 10. Orientation 11. Using money 12. Number games 13. Word games 14. Quiz. The programme is carried out over 14 session, each lasting around 45 minutes and containing structured discussions and group activities. The activities are delivered either in short term basis for about 14 sessions or the Longer-term, or maintenance CST for more than 26 weekly sessions. (Cheung and Peri 2014).

2. Need for the Study

Being an elderly person is the final stage of normal human development which starts from Infant and grows as a Toddler, adolescents, Adult and ends up in old age. The age of 60 years are considered as beginning of old age. When they move on to old age, they lose their strength and are unable to perform their own activities. They gradually starts

depending on others who belongs to the family. (Gorman 2000).

Ageing causes a progressive decline in the functions of various organ systems in their body. Old age is the most crucial period of human life cycle where all vital organs start to lose some function as age increases. As age advances number of neurons found in the brain reduces and neurochemical reaction also decreases resulting in poor memory, inability to learn new thing and recall new words. Moreover the impulses transmission slows down in the brain, reaction time gets reduced and performance of task may become slower. Cognitive decline appears to be eminent problem due to these obvious structural and anatomical changes in the brain affecting the day to day activities of the elderly and increase the burden. (Parab, P. 2019)

In India especially in southern urban area 42.7% free-home elderly residents were found to have cognitive impairment, whereas 32.4% of paid-home and 21.9% of community-dwelling elderly had cognitive impairment. The residents of free-home were less educated, had lower income and reported higher incidence of worry, anxiety, disability and poor QOL than community-dwelling or paid-home residents. Increasing age, low education, female gender, high blood pressure and disability were associated with cognitive impairment. The burden of cognitive impairment was high in urban India. Study says 15.7% prevalence of cognitive impairment (10.5% mild impairment, 5.2% moderate to severe impairment) among urban population aged 60 old and above. Cognitive impairment is associated with disability and poor health-related QOL in these age-care settings. (Samuel,R. et al., 2016). The present study is designed for enhance psychological well being of elderly people by giving cognitive stimulation therapy which will help them to increase the cognition. Cognition is more important to lead a normal life.

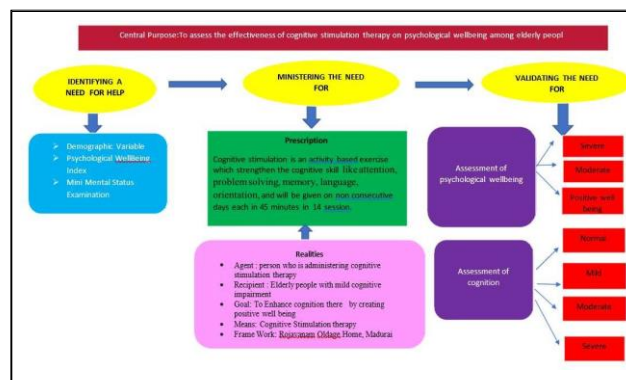


Fig. 1 Conceptual framework based on Wiedenbach helping art clinical nursing theory**3. Statement of the Problem**

“Effect of cognitive stimulation therapy on psychological wellbeing of elderly residing in Rojavanam oldage home at Madurai”.

4. Research methodology**Research approach**

An Quantitative approach was adopted by the investigator to find the effect of cognitive stimulation therapy on

psychological wellbeing of elderly residing in Rojavanam old age home at Madurai.

Research design

The investigator adopted True experimental pre- test-post-test -only design for this study. The diagrammatic representative of design is represented below.

GROUP	PRE TEST	TREATMENT	POST TEST
E	O1	X	O2
C	O1	--	O2

E- Intervention group

O1- Pre level of psychological wellbeing of elderly in both intervention and control group.

X- Cognitive stimulation therapy given in 14 sessions on non consecutive days for about 45 mts.

O2- Post level of psychological wellbeing of elderly in both intervention and control group.

C- Control group

Variables of the study

- Dependent variable: Level of psychological wellbeing of elderly was the dependent variable in this study
- Independent variable: Cognitive stimulation therapy was the independent variable in this study

Setting of the study

The study was conducted in Rojavanam old age home, Madurai which was located 20 kilo meters away from RASS Academy college of Nursing, Poovanthi, Sivangangai (DT). Around 100 male and female elderly people were residing in this home.

Study Population

The study population comprised of elderly who are residing in the Rojavanam old age home.

Sample

Samples were taken from Rojavanam old age home. In this study the sample consists of all elderly who met the inclusion criteria was considered as sample.

Sample Size

The sample size was 60 elderly people. Sample size was divided equally as 30 in intervention group and 30 in control group.

Sampling Technique

The investigator adopted probability random sampling technique to select the samples for this study

Sampling criteria

The sample was selected based on the following criteria.

Inclusion Criteria

The elderly people involved in this was

- Aged 60-80 years
- Available during the period of data collection
- Able to hear and respond
- Both male and female
- Willing to participate
- Scoring 21 to 24 points in Mini mental status examination

Exclusion Criteria

- Elderly who
- In capacity to communicate
- have gait and balance disorder
- were bedridden and unconscious
- older people who have positive wellbeing (73 -110)

Description of the tool

The tool consists Patient demographic data, Psychological General wellbeing Index, Mini Mental Status Examination.

Content Validity

Data collection tool was evaluated by experts from the field of mental Health Nursing for content validity. Suggestions were considered and appropriate changes were done and to made the tool to be valid.

Protection of human rights

Researcher proposal was approved by dissertation committee, RASS Academy College of Nursing, Poovanthi. Prior to the study the oral concern of each sample was obtained before starting data collection. Assurance was given to the samples that confidentiality would be maintained.

5. Analysis and interpretation of data

Description of elderly according to their selected demographic variables in

intervention group and control group

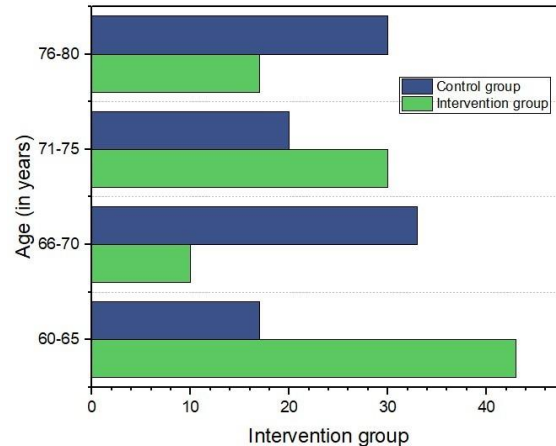


Fig. 2 Percentage of years in control and intervention groups

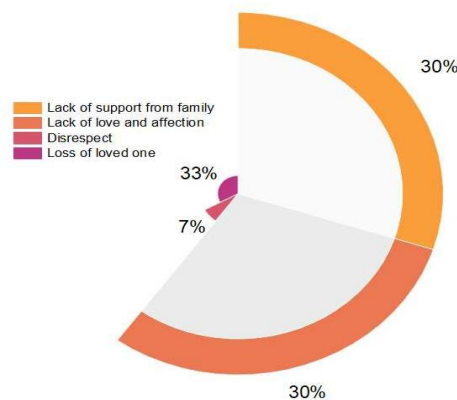


Fig. 3 Percentage of reasons for staying in old age home among intervention group

The analysis indicates that intervention and control groups were mostly similar in their basic background, though there were a few small differences. In both groups, most participants were women's or men's older adults in the 60–80 years range, most were Hindu, many were widowed, and education level was generally low, with primary or high school education only. Most participants were economically self-supported, many had chronic illness, and common reasons for living in the old age home were lack of family

support, lack of love and affection, disrespect, or loss of a loved one. The table also shows that sleep, hobbies, and day-time napping varied between the two groups, but overall the two groups were fairly comparable at the beginning of the study.

Description of elderly according to the pre and post level of cognition (Mini Mental status examination) in intervention and control group.

Table 1 Level of cognition among intervention and control groups in pre- post- test

Level of Cognition	Intervention Group (n=30)				Control Group (n=30)			
	Pre test		Post test		Pre test		Post test	
	f	%	f	%	f	%	f	%
Normal	0	0	30	100	0	0	0	0
Mild	30	100	0	0	30	100	10	33
Moderate	0	0	0	0	0	0	18	60

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Severe	0	0	0	0	0	0	2	7
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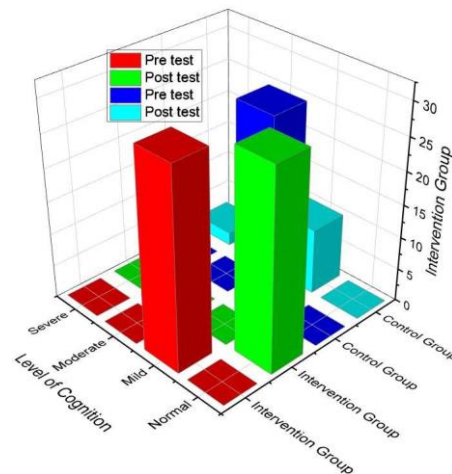


Fig. 4 Level of cognition among intervention and control groups in pre- post- test

Table 1 and Fig. 4 illustrate the elderly according to the pre and post-level of cognition (Mini-Mental Status Examination) in intervention and control group. In pre test, all the samples in both group had mild cognitive impairment as per the inclusion criteria whereas after cognitive stimulation therapy in control group Among 30, 10 (33%) had mild cognitive impairment, 18 (60%) had moderate cognitive impairment, 2 (7%) had severe cognitive impairment and intervention group had normal cognition. The findings shows that the

group received cognitive stimulation therapy had marked improvement in the level of cognition whereas on the other hand, the control group had deterioration in cognition status. This reveals that cognitive stimulation therapy was effective in stimulating the cognitive status and the psychological wellbeing of the elderly.

Description of the elderly according to the Pre and post-level of psychological well-being in the intervention and control groups

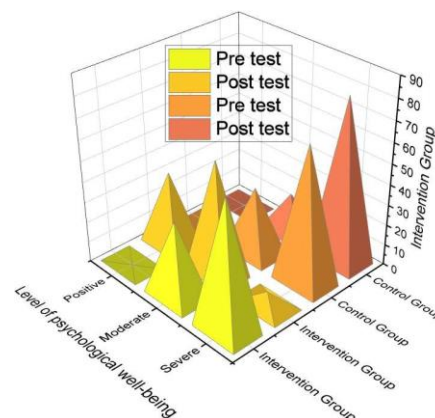


Fig. 5 percentage of Level of psychological well-being among intervention and control groups

Table 2 Level of psychological well-being

Level of psychological well-being	Intervention Group (n=30)				Control Group (n=30)			
	Pre test		Post test		Pre test		Post test	
	f	%	f	%	f	%	f	%
Severe psychological distress	19	63	2	7	20	67	24	80
Moderate psychological	11	37	17	56	10	33	6	20

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distress								
Positive wellbeing	0	0	11	37	0	0	0	0

Table 2 represents the elderly according to the pre and post level of psychological wellbeing in intervention and control group. In intervention group among 30, in pre test 19 (63%) had severe psychological distress, 11(37%) had moderate psychological distress, none of them had positive wellbeing where as in post test 2 (7%) had severe psychological distress, 17 (56%) had moderate distress, and 11 (37%) had positive wellbeing. After the cognitive stimulation therapy there was significant improvement in cognition and psychological wellbeing among elderly. In control group, 20 (67%) had severe

psychological distress, 10 (33%) had moderate psychological distress, none of them had positive wellbeing where as in post test, 24 (80%) had severe psychological distress, 6 (20%) had moderate psychological distress and none of them had positive wellbeing. There was no improvement in post level of well-being in control group instead they had severe and moderate psychological distress as well as mild, moderate, severe cognitive impairment. It was found that cognitive stimulation therapy was effectual in improving psychological wellbeing of elderly .

Comparison of pre and post level of psychological wellbeing in intervention group

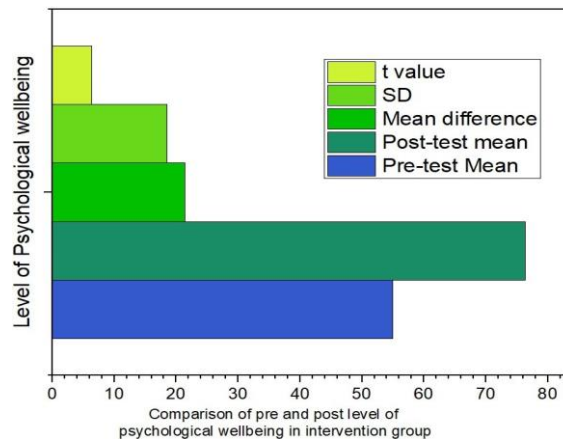


Fig. 6 Comparison of pre and post level of psychological wellbeing in intervention group

The above table shows the comparison of pre and post level of psychological wellbeing in intervention group. The post test mean score (76.33) was high when compared to the pre test mean score (54.96) of the psychological wellbeing. The obtained t value (6.33) was higher than the table

value at 0.05 level significance which shows that there was a significant difference in psychological wellbeing of elderly in the intervention group before and after cognitive stimulation therapy. Hence the formulated research Hypothesis (H1) was accepted.

Comparison of post level of psychological wellbeing in intervention and control group

Table 3 Comparison of post level of psychological wellbeing in intervention and control group

S.No	Level of Psychological wellbeing	Mean	Mean Difference	SD	t value
1	Intervention group	76.3	19.2	17.46	5.74
2	Control group	57.2		5.3	

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The above table depicts the comparison of post level of psychological wellbeing in intervention and control group. The post test mean score (76.3) in intervention group was high when compared to the post test mean score(57.2) of the psychological wellbeing in control group. The obtained t value

(5.74) was higher than the table value at 0.05 level significance which shows that there was a significant difference between their mean post level of psychological wellbeing in intervention and control group. Hence the formulated research Hypothesis (H2) was accepted.

Association between the pre level of psychological wellbeing of elderly with their selected demographic variables in intervention group

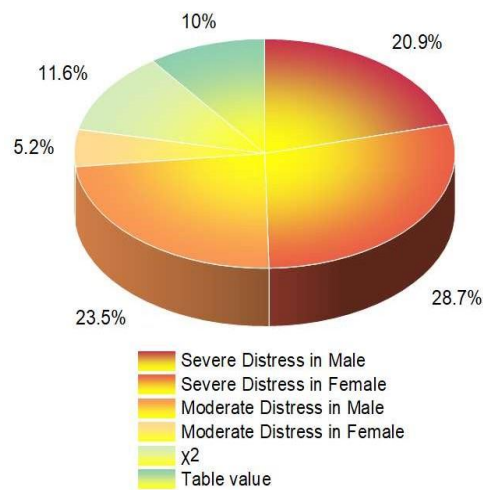


Fig. 7 Level of psychological well being in Male and Female

The analysis shows that some demographic factors were related to the psychological wellbeing of the elderly in the intervention group, while others were not, because the calculated table values were either higher or lower than the level of significance, and this was marked as significant or not significant in the table. Age, religion, marital status, number of children, education, previous occupation, and night sleep were **not** strongly linked with psychological wellbeing because they were marked as not significant, but gender, economic status, reason for staying in the old age home, any chronic illness, and nap during daytime were significantly associated with psychological wellbeing. This means that in this group, wellbeing was more likely to vary according to gender, money situation, why the person lived in the old age home, whether they had a chronic illness, and how long they napped during the day, rather than by age or education. Overall, the table suggests that both health and social circumstances played a bigger role in psychological wellbeing than most basic background details.

Association between the pre level of psychological wellbeing of elderly people with their selected demographic variables in the control group

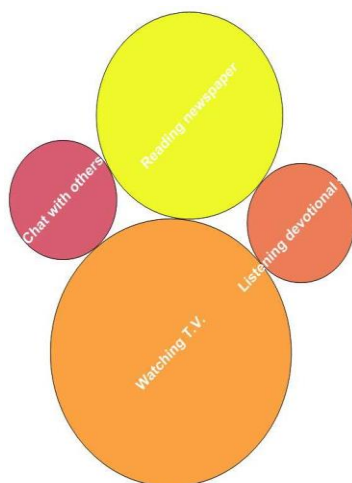


Fig. 8 Personal hobbies of the control group The analysis of the control group was evaluated concerning age, gender, religion, marital status, number of children, education, previous occupation, economic status, reason for staying in old age home, any chronic illness, sleep during night time, personal hobbies, and nap during day time. The calculated value of chi square (7.87, 2.2, 0, 4.45, 7.87, 0, ,1.36, 0.37, 2.01, 1.42, 0.11, 3.79, 0.23) was less than the table value at 0.05 levels of significance. There was no association between these variables and the psychological wellbeing of elderly.

6. Discussion

Ageing is progressive development in life span and a marker of life's journey towards growth and maturity. The ageing of population is an obvious consequence of the process of demographic transition. The Help Age India report said that By 2021 the elderly in our country will be more than 143 million. Ageing in India is the fact that the proportion of elderly is much higher in the rural areas than in the urban areas.

Growing old or become elder produces a impact on phases of life changing the psychological as well physiological wellbeing of the people. Psychological well-being is the state of being happy contented with life, well-supported and functioning effectively but yet as life span increases people's wellbeing gets affected by hassle's of life. Wellbeing deteriorates as result of many factors which are identified as loss of physical abilities, loss of cognition eventually draining a persons ability to handle self, loss of work role, loss of intimate ties and occupational identification. It has been observed that cognitive decline remarkable factor in reducing the abilities to carry out day to day life activities causing psychological distress in old age. The most important changes in cognition with normal aging are declines in performance on cognitive task such as orientation, working memory,

attention, language and problem solving.

Cognitive stimulation therapy is effective treatment to improving cognitive function in elderly with mild cognitive impairment which in turn makes a person to climb a step ahead in the ladder of psychological wellbeing of elderly . Elder person can lead a healthy day to day life independently without support, taking care of their physical needs.

The aim of the present study was to evaluate the effectiveness of cognitive stimulation therapy on psychological wellbeing of elderly residing in Rojavanam old age home at Madurai. The investigator adopted true experimental pre-test-post-test only design and the elderly were selected through probability random sampling technique. The sample size was 60, divided equally as 30 in intervention group and 30 in control group. The demographic variables, Mini mental status examination and psychological wellbeing index were used to collect the data.

7. Conclusion

The study was conducted to evaluate the effect of cognitive stimulation therapy on psychological wellbeing of elderly in Rojavanam old age home at Madurai. The study was based on Widenbach's helping Art of clinical Nursing Theory (1964). An quantitative approach used to conduct the study. The research design adopted for the present study was True experimental pre-test-post-test only design and random sampling technique was used for selection of samples. The investigators selected cognitive stimulation therapy for enhancing psychological wellbeing of elderly. Cognitive stimulation therapy was given for 45 minutes/day on non-consecutive days for intervention group (30) in 14 sessions. The data was collected for the period of 5 weeks in Rojavanam old age home at Madurai. The post test was conducted after 5 week by using psychological wellbeing index and mini mental status examination. Based on the objectives and hypothesis, the data were analysed using descriptive statistics and inferential statistics.

Funding: This research did not receive any funding from any government or private institutions.

Data Availability: Data will be made available upon request made to the corresponding author.

Patient Consent for Publication: Not applicable.

Conflict of interests

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Ethical statement

The institutional ethics committee of The RASS Academy College of Nursing passed a resolution for acceptance to conduct this study.

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