Level of Stress and Coping Strategies among Institutionalised and Non-Institutionalised Elderly

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Abstract

Objective: The objective of the study is to assess and compare the level of stress and coping strategies experienced by the institutionalized and non-institutionalized elderly.

Methods: A descriptive comparative research design and convenient sampling was used in this study, with this technique the researcher selected 70 sample from community (Nayarambalampanchayath) and 70 samples from two old age homes. Demographic Proforma, Sheldon Cohen Perceived Stress Scale and the Deakin Coping Scale were used to assess and compare the level of stress and level of coping.

Result: Among institutionalized elderly people 18.6% are having no stress, 32.9% are having mild stress. 37.1% are having moderate stress and 11.4%are having severe stress .Among non institutionalized elderly 37.1% are having no stress,55.7% are having mild stress,7.1% are having moderate stress and none of them having severe stress. While considering level of coping among institutionalized elderly people 21.4% members coping strategies are not effective,50% are having effective coping strategies and 28.6 are having most effective coping strategies. Among institutionalized elderly 18.6 are having not effective coping strategies,62.9% are having effective coping strategies and 18.6% having most effective coping strategies. There is a significant correlation between stress and coping among institutionalized elderly.

Conclusion: The feeling of loneliness along with the natural age related decline in physical and psychological functioning makes elderly prone to psychological disturbance,so institutionalized elderly feels more moderate and severe stress than non institutionalized elderly.

Keywords: *Assess, stress,coping strategies, institutionalized elderly, non institutionalized elderly.*

Introduction

Old age is the closing period in the life span. It is a period when people "move away" from previous, more desirable period of 'usefulness'. Age sixty is usually considered the dividing line between middle and old age.[1]

The status of the elderly had changed in the present family system. Eariler aged members were having supreme power and their experience and wisdom were utilized to solve important family issues. However, younger members of the family are the product of changed social system. This conflict in the value pattern makes elderly people, particularly those who are retired from service and other occupations, mentally isolated from the family. The feeling of loneliness along with the natural age related decline in physical and psychological functioning makes them prone to psychological disturbance, In some cases elderly members of relatively rich family or aged persons who have nobody to look after takes shelter in old age homes.[2]

While we hope that the Indian family continues to be stronger than in most countries and provides caring

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environment for the elderly, it can't be the basis of our ability to support the elderly. India need to take a serious look at the need of the elderly in a more pragmatic and holistic manner.[3]

Today the old age homes are indispensable as they are needed Institutionalization of elderly people continues to be a national problem. On the one hand because of the low number of institutions which are not capable to take over the increased number of elderly, and on the other hand due to lack of needed funds for adequate endowment of this institution. Many of the elderly people's pensions are ridiculously small and not meeting the possibilities to satisfy the basic needs, without counting the fulfillment of some wishes or desires of the elderly. Regardless of location or cost, many older adults cannot access services due to discriminatory attitudes and practices based on age, gender, race, ethnicity, language, sexual orientation, gender identity and expression, physical, psychological, or cognitive disability, or other diversity factors-or forego using available services that are not culturally appropriate or physically accessible.[4]

Ageing is a progressive generalized impairment of function resulting in the loss of adaptive response to stress and growing risk of age associated disease.[5]

The purpose of the study was to compare the level of stress and coping strategies among institutionalized and non institutionalized elderly and also the association between selected demographic variables and stress and coping strategies.

Methodology

A Comparative study is conducted in Ernakulum district owing to the highest population Elderly, 70 elderly people residing in 3 old age homes in Ernakulum district and a group of 70 elderly living with their families from different areas in Ernakulum namely Nayarambalam were randomly selected for the study. To study the background details of the selected subject the investigator formulated a questionnaire .A perceived stress scale was used to study the pattern of stress experienced by them. It consisted of 10 items. All questions were given with 5 options and each option was ranked according to the scores they were assigned. A Deakin coping scale was used to assess the level of coping among two groups. It consisted of 19 items with 5 options and each options were ranked according to the scores they were assigned. The investigator sought permission from the Director of the selected old age homes for conducting the study among the inmates in the selected old age homes. After prior appointment the investigator met the inmates of old age home and interviewed them. They were helped to mark their responses appropriately. The investigator met the non-institutionalized elderly in Nayarambalampanchayath after getting permission from Panchayath Predident. The purpose of the study was explained to them and they were also given detailed instructions for filling up the questionnaire. The data obtained and consolidated and scored, analysed.

Results

Description of Sample According to Demographic Data: In this study most of the institutionalized and Non institutionalized elderly were in age group of 60-69 years (45.7% and 61.4% respectively), and some of them were in 70-79 years age group(57.1% and 17.1% respectively). While considering their gender 72.9% of institutionalized elderly were females and 58.6 % of non institutionalized elderly were females. 58% of institutionalized elderly and 74% of non institutionalized elderly were having only privary level education. Most of the institutionalized and non institutionalized elderly belongs to not having any job category(57.1% and 42.9% respectively) but in non institutionalized elderly45.7% were having business now also. While considering marrietal status 62.9% of institutionalized elderly and 98.6% non institutionalized elderly were married. Sourse of income was the main problem for most of the elderly,78.6% of institutionalized elderly depends others for income were in non institutionalized elderly only 10% were depending on others for their income and 61.4% having pension. Among Institutionalized elderly 72.9% of their living period is below 5 years and while considering their reason for living in institution,67.1% of them came because there is no one to look after them and 15.7% persons came by their own decision. 21.4% of Institutionalized and 17.1% of non institutionalized elderly having both diabetes and hypertension. 52.9% of institutionalized and 58.6% of non institutionalized elderly are suffering from other diseases especially heart diseases,vision problems,respiratory diseases .95.7% of institutionalized elderly having stress where as 34.3% of non institutionalized elderly having stress. Most of the institutionalized elderly depends prayer to cope with stress (60%), were as 74.3% non institutionalized elderly were coping with stress by talking with others.

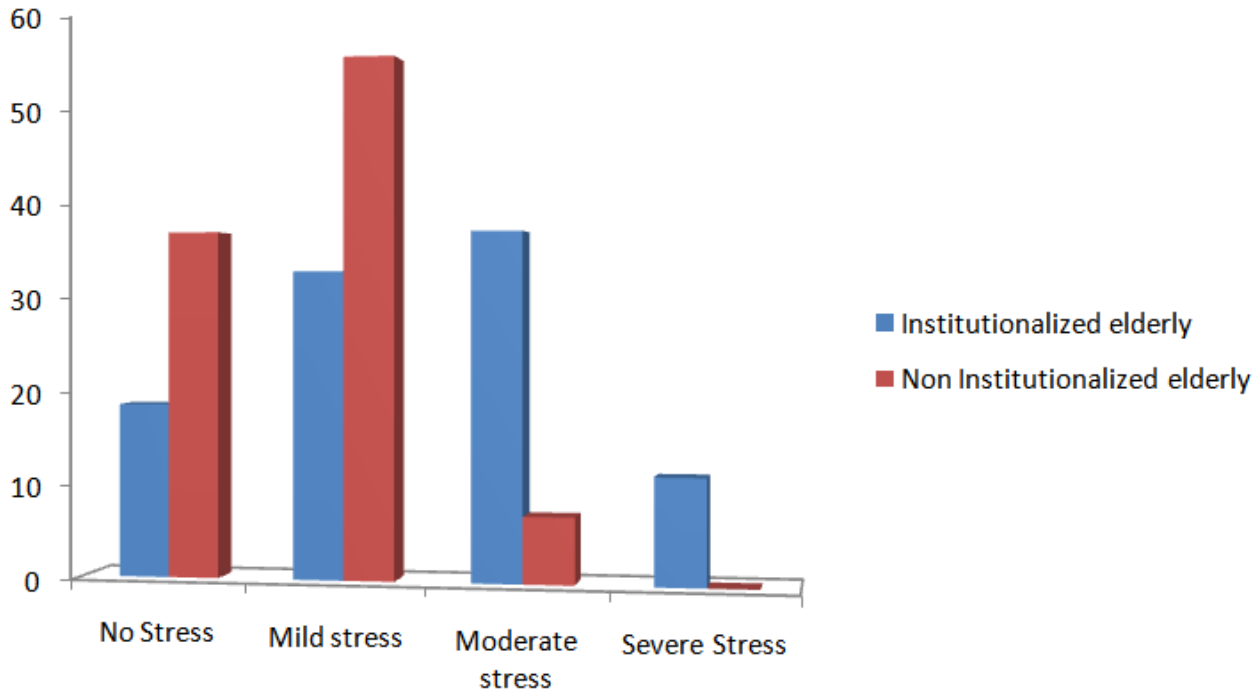

Figure I. Level of stress among institutionalized and non-institutionalized

Elderly: Figure 1 shows that among instituitionalized elderly people 18.6% are having no stress. 32.9% are having mild stress. 37.1% are having moderate stress and 11.4% are having severe stress and among non institutionalized elderly 37.1% are having no stress,55.7% are having mild stress, 7.1% are having moderate stress and none of them having severe stress.

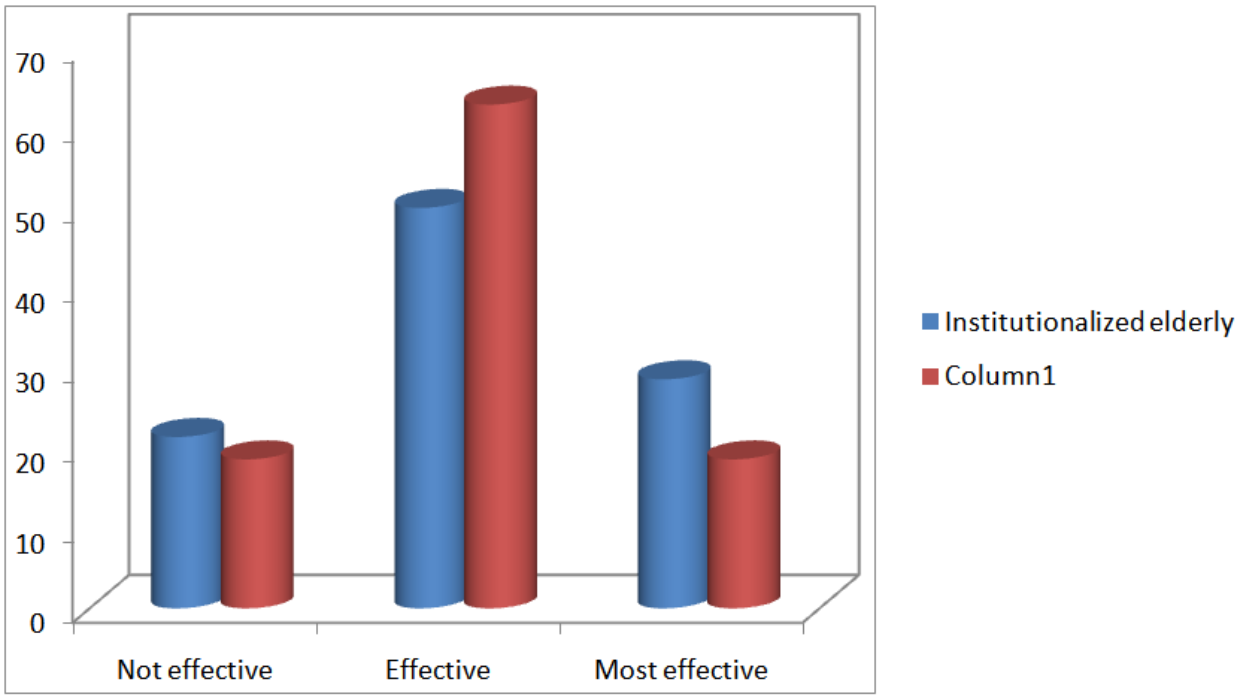

Figure II. Level of Coping strategies among institutionalized and non-institutionalized Elderly

Figure 2 shows that while considering level of coping strategies among instituitionalized elderly people 21.4% members coping strategies were not effective,50% are having effective coping strategies and 28.6 are having most effective coping strategies. Among institutionalized elderly 18.6 are having not effective coping strategies,62.9% are having effective coping strategies and 18.6% having most effective coping strategies

Table 1. Correlation between stress and coping among institutionalized ederly

Variables	R Value	P Value
Stress and Coping	.310	.009

**. Correlation is significant at the 0.01 level (2-tailed).

Above table shows that there is a significant correlation between stress and coping among institutionalized elderly.

Table 2. Correlation between stress and coping among Non institutionalizedederly

Variables	R Value	P Value
Stress and coping	.281	.018

*. Correlation is significant at the 0.05 level (2-tailed).

Above table shows that there is a significant correlation between stress and coping among non institutionalized elderly

Table 4: Coping strategy of institutionalized and non institutionalized elderly

Variables	T Value	df	P Value
Coping	.513	138	.609

There is no significant difference in level of coping between institutionalized and non institutionalized elderly.

Table 5: Association between Gender,education and marrietal status with level of stress among institutionalized and non institutionalized elderly

Variables	Categories	Category of Stress				Chi Square Test	df	P Value
		No Stress	Mild Stress	Moderate Stress	Severe Stress			
Gender	Female	22	39	24	7	5.286	3	.152
	Male	17	23	7	1			
Education	Primary	31	45	26	8	5.386	9	.799
	Secondary	6	14	5	0			
	Predegree	11	1	0	0			
	Degree	1	2	0	0			
Occupation	Coolie Worker	18	25	10	3	6.346[a]	9	.705
	Government Job	2	5	0	0			
	Business	2	2	1	0			
	No Job	17	30	20	5			
Marriatal Status	Married	31	51	27	4	11.886	9	.220
	Un Married	6	11	3	4			
	Widow	0	0	2	0			

Above table shows that there is no significant association between selected demographic variables like gender,education, occupation and marital status with level of stress among institutionalized and non institutionalized elderly.

Table 6: Association between Gender,education and marrietal status with level of coping among institutionalized and non institutionalized elderly

Variables	Categories	Level of Coping			Chi Square Test	df	P value
		Not Effective	Effective	Most Effective			
Gender	Female	20	52	20	.788	2	.674
	Male	8	27	13			
Education	Primary	26	62	22	8.187	6	.225
	Secondary	2	15	8			
	Predegree	0	1	1			
	Degree	0	1	2			
Occupation	Coolie Worker	13	30	13	13.761[a]	6	.032
	Government Job	0	3	4			
	Business	2	0	3			
	No Job	13	46	13			
Marrietal status	Married	21	66	26	6.096	6	.413
	Un Married	5	12	7			
	Widow	2	1	0			

Table 6 shows that there is a significant association between occupation and level of coping among institutionalized and non institutionalized elderly and there is not having any significant association with other demographic variables like Gender, education and marital status

Discussion

Older adults are the most rapidly growing segment of the population, in India life expectancy at birth are increased by about 20 years in the past 5 decades. The 1st of October every year is celebrated as "World elder's day" globally.[6]

Aging is a universal process. In the words of Seneca "old age is an incurable disease". But more recently Sir James sterling Ross Commented" you do not heal old age, you protect it, you promote it and you extend it. These are in fact the principles of Preventive Medicine. A man's life is normally divided into five main stages namely infancy, childhood, adulthood and old age. In each of these stages an individual has to find himself in different situations and face different problems. The old age is not without problems. In old age physical strength deteriorates, mental stability diminishes; money power becomes bleak coupled with negligence from the younger generation.[7]

A descriptive research was conducted in SRM College Of Nursing, Kattankulathur, Tamil Nadu with Purposive sampling technique . A sample 100 was selected. The data were analyzed by the means of descriptive and inferential statistics. The study results for the psychological problems of elderly persons reveals that majority 60% of them were had moderate level of psychological problems and 43% of the elderly persons were had at fair level of coping strategies. The present study concluded that there was negative correlation found between Psychological problems and Coping strategies. It means if their coping increases psychological problems decreases .[8]

In the present study over all data shows that among instituitionalized elderly people 18.6% are having no stress.32.9% are having mild stress.37.1% are having 11.4%are having severe stress and among non institutionalized elderly 37.1% are having no stress,55.7% are having mild stress,7.1% are having moderate stress and none of them having severe stress while considering level of coping strategies among instituitionalized elderly people 21.4% members coping strategies were not effective,50% are having effective coping strategies and 28.6 are having most effective coping strategies. Among institutionalized elderly 18.6 are having not effective coping strategies,62.9% are having effective coping strategies and 18.6% having most effective coping strategies. There is a significant correlation between stress and coping among non institutionalized and non institutionalized elderly (r valu is .310 and p value is .009 and r value is .513 and p value

is .609 respectively) and is a significant association between occupation and level of coping among institutionalized and non institutionalized elderly .

Conclusion

Aging is a universal phenomena but it is not experienced uniformly by the elderly. The common changes of old age are physical and psychological which bring disabilities. They face number of problems such as dependency, ill health, absence of social security, loss of social role and recognition and non availability of opportunities for creative use of leisure. Falls and consequent injuries in older people are a significant public health problem among older adults in Kerala[9]. With the emergence of nuclear family, urbanization, influence of western culture and changes of lifestyle there is no space for elders in the family and may go for institutionalization. Institutionalization is emerged to improve the caring of aged and lack of personales to care for them. Lack of proper facilities and funds made the institutionalization stressful. Institutionalized are living in a disciplined manner which lacks their freedom and privacy,which also contribute to stress. In the case of non institutionalized elderly the presence of family members helped decrease the effects of stressful situations by building up their strengths and comforting them in times of need. Communication with family members also helps in reducing stress.

Acknowledgement

Conflicts of Interest: Nil

Ethical Clearance: Got approval to conduct this study from ethical committee of amrita institute of medical sciences and institutional scientific research committee. Patient consents had taken from all the patients.

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References

1. Hurlock EB. Developmaental Psychology: A: Life-Span Approach: Tata McGraw New Delhi 1981;5.389
2. Book NA et al Davidson's Principles and Practice of Medicine 20th edn. Toronto: Churchill Livingston 2006
3. The Hindu e paper May 31, 2016
4. Anjali Rathaur and Sunita Mishra. Study on institutionalized and non-institutionalized elderlypeople: International journal of home science 2016; 2(3): 77-79
5. Aging and Life Course. Family and Community Health Global Age-Friendly Cities: A guide: WHO Geneva; 2007
6. Prueksaritanond S, Kongsakol R.Biopsychosocial impacts on the elderly (www.pubmed.com)
7. N.A. Ansari, Nadeem Ahmad. Recent Advances in Geriatric Medicine .Pravara Medical Review December 2002; 3(4)
8. R Nishanthi 1, Ranjani Priya. Level of Psychological Problems and Coping Strategies of Elderly Persons Residing in Old Age Homes. International Journal of Pharmaceutical and Clinical Research 2017; 9(10):660-664.(Available online at www.ijpcr.com)
9. Nisha BS, Dhanyamol KS, Shaji D, Seguin R. Effects of strength training exercises on physical parameters and quality of life among older adults in selected geriatric homes in Kerala, India. Indian J Public Health Res Dev 2019;10(1):201-205.