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Emotional problems and coping strategies of senior citizens

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ABSTRACT

***Introduction**: Depression and stress of senior citizens is an important public health challenge in developing countries andin an attempt to counteract the emotional problems person develops individual pattern of coping. **Aim:** To assess and compare the emotional problems and coping strategies of senior citizens living in old age home and with family. **Methods:** Descriptive quantitative approach and Non experimental, comparative descriptive design was selected and 60 (30 each from old age home and family) samples were drawn by consecutive sampling technique. **Results:** Majority of senior citizens from family setting had average low level of stress 10 (16.7%), whereas most of the senior citizens from old age home setting had high level of stress 11 (18.3%). Majority of senior citizens from family 15 (25%) as well as old age home setting 22 (36.7%) had suggestive of mild depression. In family (mean=7.17) as well as old age home (mean=7.33) setting subscale religion has the highest mean. **Conclusion**: High level of stress and mild depression of elderly living in old age home and mild depression of elderly living in family should be considered an important concern for geriatric group of population in Assam.*

***Keywords:** Senior citizens, emotional problems, coping strategies.*

INTRODUCTION

Ageing is universal biological process experienced by all creatures including human beings. People age differently and experience aging differently based on heredity, lifestyle, and attitudes.[1] Old age is the most vulnerable period of life.The world is rapidly aging: the number of people aged 60 and over as a proportion of the global population will double from 11% in 2006 to 22% by 2050.[2]

The aged feel a sense of social isolation because of the disjunction from various bonds viz., work relationships, and diminish of relatives and friends, mobility of children to far off places for jobs.[3]The elderly people face number of problems and adjust to them in varying degrees in their old age. These problems range from absence of ensured and their dependents, to ill-health, absence of social security, loss of social role and recognition, and the non-availability of opportunities for creative use of free time.[4]

Depression decreases an individual's quality of life and increases dependence on others. Geriatric populations with depression are at a higher risk for chronic diseases like coronary heart disease (CHD), cancer, diabetes mellitus and hypertension.[5]At any age, stress is a part of life. Stress comes in two basic flavors, physical and emotional- and both can be especially taxing for older people. Overloads of stress hormones have been linked to many health problems, including heart disease, high blood pressure, and weakened immune function.[6]

In an attempt to neutralize or counteract the emotional problems person develops individual pattern of coping which is termed as coping mechanism. Lazarus and Folkman (1984) suggested two types of coping responses emotion focused and problem focused:Emotion-focused coping involves trying to reduce the negative emotional responses associated with stress whereas problem focused strategies aim to remove or reduce the cause of the stressor.[7]

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MATERIAL AND METHODS

The study design was non experimental comparative descriptive design conducted at 4 selected old age homes and 4 villages of Kamrup Metro, Assam. Senior citizens who have fulfilled the inclusion criteria were selected as samples and sample size consist of 60 elderly i.e., 30 from old age homes and 30 from families by consecutive sampling technique. The tool selected for the study was divided into 4 sections: Section 1 –contains demographic variables – age, gender, educational status, marital status, previous occupation, family type and religion. Section 2 – it consists of perceived stress scale (PSS) which is the most widely used psychological instrument for measuring the perception of stress which was published in 1983. The author of the PSS is Sheldon Cohen. Section 3 –it consists of geriatric depression scale (GDS) short version developed by Jerome A. Yesavage MD &Javaid I. Sheikh in 1986. Section 4 – it consists of brief COPE inventory developed by Charles S. Carver. Data collection was done through self administered questionnaire method from 13th March to 31st March, 2017.

The analysis was done by using descriptive and inferential statistics. Under descriptive statistics, percentage, mean and standard deviation were calculated. Under inferential statistics, t - test and multivariate ANOVA test was used to compare and to find association between emotional problems and coping strategies of senior citizens living in old age home and with family.

RESULT

Regarding socio demographic variables most of the elderly from family setting were female 20 (66.66%) and also majority of elderly from old age home were female 24 (80%).

Most of the elderly from family setting were within the age group of 60-69 years of age 16 (53.33%), whereas majority of the elderly from old age homes were within the age group of 70-79 years of age 16 (53.33%).

Most of the elderly from family were married 15 (50%), whereas majority of the elderly from old age home were widow/widower 20 (66.66%).

Educational statuses of most of the elderly from family setting were found to be educated up to lower primary level 16 (53.33%) whereas elderly from old age home studied up to upper primary level 9 (30%).

Previous occupation of most of the elderly from family setting were daily wage earner 9 (30%) and service 9 (30%), whereas majority of the elderly from old age home setting were doing business 11 (36.67%).

Most of the elderly from family 16 (53.33%) and old age home setting 20 (66.67%) were from joint family.

Most of the elderly from family 28 (93.33%) and old age home setting (96.67%) were Hinduism religion.

Regarding stress (Table 1) majority of senior citizens from family setting had average low level of stress 10 (16.7%), whereas most of the senior citizens from old age home setting had high level of stress 11 (18.3%).

Table 1 Distribution of the level of stress among participants n = 60, (30+30)

Sample participant	Level of stress	Score range	Frequency	Percentage (%)	Mean	SD
Family	Very low	4-7	4	6.7	**14.3**	**6.909**
	Average low	8-11	10	16.7		
	Average	12-15	4	6.7		
	High	16-19	6	10.0		
	Very high	21-29	6	10.0		
	Total	**4-29**	**30**	**50.0**		
Old age Home	Very low	0-3	2	3.3	**17.70**	**6.519**
	Average low	11-11	2	3.3		
	Average	12-15	6	10.0		
	High	16-20	11	18.3		
	Very high	22-27	9	15.0		
	Total	**0-27**	**30**	**50.0**		
Total	Very low	0-7	6	10.0	**16.00**	**6.877**
	Average low	8-11	12	20.0		
	Average	12-15	10	16.7		
	High	16-20	17	28.3		
	Very high	21-29	15	25.0		
	Total	**0-29**	**60**	**100.0**		

Regarding depression (Table 2) majority of senior citizens from family 15 (25%) as well as old age home setting 22 (36.7%) had suggestive of mild depression.

Table 2 Distribution of the depression among participants n = 60, (30+30)

Sample Participant	GD Grade	Score range	Frequency	Percentage (%)	Mean	SD
Family	No depression	0-4	13	21.7	5.30	3.436
	Suggestive of a mild depression	5-10	15	25.0		
	Suggestive of severe depression	11-12	2	3.3		
	Total	**0-12**	**30**	**50.0**		
Old Age Home	No depression	1-4	4	6.7	7.73	2.664
	Suggestive of a mild depression	6-10	22	36.7		
	Suggestive of severe depression	12-12	4	6.7		
	Total	**1-12**	**30**	**50.0**		
Total	No depression	0-4	17	28.3	6.52	3.286
	Suggestive of a mild depression	5-10	37	61.7		
	Suggestive of severe depression	11-12	6	10.0		
	Total	**0-12**	**60**	**100**		

Regarding coping strategies (Table 3) in family (mean=7.17) as well as old age home (mean=7.33) setting, subscale religion had the highest mean. On the other hand in family (mean=3.03) as well as old age home (mean=3.27) setting, subscale humor had the lowest mean. Hence, most of the senior citizen from family as well as old age home setting were using religious coping.

Table 3 Mean & SD of subscales of the coping strategies n = 60, (30+30)

Coping strategies	Family		Old age home	
	Mean	Std. deviation (SD)	Mean	Std. deviation (SD)
Self distraction	5.1	2.07	6.5	1.5
Active coping	6.77	1.43	6.83	1.44
Denial	3.5	1.61	4.53	1.94
Substance use	3.13	2	3.93	2.24
Use of emotional support	4.5	2.22	6.43	1.17
instrumental support	4.5	2.15	5.67	2.06
Behavior disengagement	4.43	1.77	4.13	1.78
Venting	4.77	1.45	5.23	1.87
Positive reframing	4.17	1.58	4.93	1.95
Planning	5.73	2.15	5.33	2.06
Humor	3.03	1.61	3.27	1.51
Acceptance	7.17	1.09	6.4	1.87
Religion	7.7	0.79	7.33	1.37
Self blame	4.5	1.85	4.8	2.07

Regarding comparison of stress, depression and coping strategies of senior citizens living in old age home and families, stress was found to be non significant at t=1.96,pÃ0.05 whereas depression and coping strategies were found to be significant at t=3.07, (p=.003) andt= 2.56 (p=.013) respectively.

Among the subscales of coping strategies, self distraction, denial, use of emotional support and use of instrumental support were significant for senior citizens living in old age home and family with t=2.99, 2.24, 4.22 and 2.15 respectively, pÂ0.05. whereas subscale active coping, substance use, behavior disengagement, venting, positive reframing, planning, humor, acceptance, religion and self blame were non significant for senior citizens living in old age home and family with t=0.18, 1.46, 0.65, 1.08, 1.68, 0.74, 0.58, 1.94, 1.27, 0.59 respectively.

For senior citizens living in family stress, depression and coping strategies are independent of variable gender whereas for senior citizens living in old age home stress and depression are independent of variable gender but there is association of coping strategies with gender at F=31.056 (p=0.001).

For senior citizens living in family stress and depression are independent of variable age but there is association of coping strategies with age at F=3.8 (p=0.043) whereas for senior citizens living in old age home stress and depression are independent of variable age but there is association of coping strategies with age at F=9.308 (p=0.003).

For senior citizens living in family stress, depression and coping strategies are independent of variable marital status whereas for senior citizens living in old age home stress and depression are independent of variable marital status but there is association of coping strategies with marital status at F=4.078 (p=0.028).

For senior citizens living in family stress, depression and coping strategies are independent of variable educational status whereas for senior citizens living in old age home stress and coping strategies are independent of variable educational status but there is association of depression with educational status at F=6.159 (p=0.004)

For senior citizens living in family stress, depression and coping strategies are independent of variable previous occupation whereas for senior citizens living in old age home stress and depression are independent of variable previous occupation but there is association of coping strategies with previous occupation at F=10.763 (p=0.001).

For senior citizens living in family as well as old age home stress, depression and coping strategies are independent of variable family type.

For senior citizens living in family stress, depression and coping strategies are independent of variable religion whereas for senior citizens living in old age home stress and coping strategies are independent of variable religion but there is association of depression with religion at F=5.153 (p=0.040).

DISCUSSION

In the present study it is observed that most of the elderly had high level of stress, i.e., 17(28.3%). Majority of senior citizens from family setting had average low level of stress 10(16.7%), whereas most of the senior citizens from old age home setting had high level of stress 11(18.3%). Also majority of the subjects 37(61.7%) had mild depression followed by 17(28.3%) had no depression and 6(10.0%) were having severe depression. Majority of senior citizens from family 15(25%) as well as old age home setting 22(36.7%) were suggestive of mild depression.

The findings of the present study is contradicted by a study done by Maddepalli U[8]at Golagamudi, Nellore which showed that among the elderly 3(3%) had mild stress, 86(86%) had moderate stress and 11(11%) had severe stress.The study is supported by a study done byTimalsina R[9]at old age homes of Nepal which showed that regarding their depression level, 47(27.2%) respondents were normal and 126(72.8%) had depression. Out of theses 126 respondents, 98(56.6%) and 28(16.2%) respondents had mild and severe depression.

In the present study it was observed that among the subscales of coping strategies in family (mean=7.17) as well as old age home (mean=7.33) setting, subscale religion had the highest mean. On the other hand in family (mean=3.03) as well as old age home (mean=3.27) setting, subscale humor had the lowest mean.

The findings of the present study is similar to a study conducted by Kasi PM[10]at Karachi, Pakistan where of the 14 coping styles studied, the most frequently used strategies was religion (48.1%)and the least used coping strategies was humor (9.6%).

In the present study while comparing the stress no significant difference was found between stress of senior citizen living in old age home and living with family at t=1.96, p=0.055. Whereas for depression in elderly it is found that there was significant difference in the mean score of depression of elderly living in old age home and living with family at t=3.07, p=0.003.

The finding of the present study is supported by a study conducted by Manpreet S[11]at selected old age homes and community of Ambala, Chandigarh andKurukshetra wheresignificant difference was found in mean value of elderly living in old age home and community at t=5.693, p<0.05.

In the present study while comparing the coping strategies in elderly significant difference was found in the mean score of coping strategies of elderly living in old age home and living with family at t=2.56, p=0.013.

It is similar to a study conducted by Singh R[12] to compare the coping strategies adopted by the institutionalized and home living elderly of Kathmandu, Nepal. It was found that there was significant difference in mean scores of the elderly living in institutional and home settings for coping strategies as t=7.39, p<0.01.

In the present study it was found that for senior citizens living in family Stress and depression did not have association with any of the demographic variables. For senior citizens living in old age home there was significant association of depression with education status (F=6.159, p= .004**) and religion (F=5.153, p= .040*). Stress did not have any association with any of the variables.

A study conducted by Ranjan S et al.[13] in an old age home in Kathmandu showed that there was no association of depression with age, gender, educational status, marital status, psychological support, financial support, reason for leaving home and length of stay. On the other hand significant association was found between depression with history of physical illness.

In the present study it was found that for senior citizens living in family there is significant association of coping strategy with age (F=3.800, p value=0.043). On the other hand for senior citizens living in old age home there is significant association of coping strategies with gender (F=31.056, p= .001**), age (F=9.308, p= .003**), marital status (F=4.076, p= .028*), and previous occupation (F=10.763, p= .001**).

Another study done by Singh R[12] to compare the coping strategies adopted by the institutionalized and home living elderly of Kathmandu, Nepal. They found that in institutional elderly coping strategy was significantly associated with education status, monthly income and interpersonal relations but in case of elderly in home setting coping strategies were significantly associated with present job status, monthly income and type of family.

CONCLUSION

The study showed that most of the elderly from family had average low level of stress but majority of the elderly from old age home had high level of stress. Majority of elderly from family and old age home had mild depression and uses religious coping.

Conflict of interest: None.

Ethical clearance: Taken.

Author declaration: We declare that this work is done by the authors named in this article and all liabilities pertaining to the claims relating to the content of this article will be borne by the authors.

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