

ASSESSMENT OF THE LEVEL OF STRESS AND COPING STRATEGIES AMONG GERIATRIC CLIENTS

M. Ramya Rathi Devi^{1*} and Sharmila S.²

¹Assistant Professor, SRM College of Nursing, SRM University, Kattankulathur, Kancheepuram District, Chennai, Tamil Nadu, 603203.

²Kattankulathur, Kancheepuram District, Chennai, Tamil Nadu 603203.

*Corresponding Author: M. Ramya Rathi Devi

Assistant Professor, SRM College of Nursing, SRM University, Kattankulathur, Kancheepuram District, Chennai, Tamil Nadu, 603203.

Article Received on 18/12/2017

Article Revised on 08/01/2018

Article Accepted on 29/01/2018

ABSTRACT

Stress has been identified as a 20th century disease and has been viewed as a complex and dynamic transaction between individuals and their environments. The effects of stress are directly linked to coping. Geriatric clients may present stress symptoms due to physical, psychological and social changes during aging process. **Statement of the problem:** A study to assess the level of stress and coping strategies among geriatric clients at selected community, Kancheepuram district. **Objectives:** To assess and correlate the level of stress and coping strategies among geriatric clients and to associate the level of stress and coping strategies with their demographic variables. **Materials and Methods:** Research approach was quantitative and research design was descriptive research design. 50 geriatric clients who fulfilled the inclusion criteria were selected by non-probability convenient sampling technique. The tool used for the data collection comprises of 3 sections: Section A - Demographic variables; Section B - Standardized 5- point rating Perceived Stress Scale (PSS) was used to assess the level of stress and Section C - 3 point rating scale to assess the level of coping strategies. Data collected were analyzed by using descriptive and inferential statistics. **Results:** The analysis revealed that 31 (62%) geriatric clients have mild stress; 19 (38%) clients have moderate stress and none of them have severe stress. The analysis revealed that 18 (36%) geriatric clients have moderately adequate level of coping; 32 (64%) have adequate level of coping and none of them have inadequate level of coping. The analysis depicts that there is no co – relation ($r = 0.142$) between the level of stress and coping strategies. **Conclusion:** Most of them had mild stress and adequate coping level. So the investigator helped them to cope up with any stressful situations through an educational approach.

KEYWORDS: Assess, knowledge, stress, coping, Geriatric clients.

INTRODUCTION

Stress is more likely to occur in situation where the demands are high, the amount of control an individual has is low, and there is limited support or help available for the individual. Stress is a dynamic process that changes in quality and quantity in response to internal and external factors. It has been suggested that the nature of the profession facilitates an inflexible response to pressure due to the culture of personal responsibility rather than delegation.^[1] Experience of stress does not necessarily result in pathological changes or damages. Stress may be contained within the body's normal homeostatic limits. The adaptive coping strategies are awareness, relaxation, meditation, problem solving, better communication with significant others, taming of pets.^[2]

The effects of stress are directly linked to coping. The study of coping has evolved to encompass large variety

of disciplines beginning with all areas of psychology such as health psychology, environmental psychology, neuropsychology and developmental psychology to areas of medicine spreading into the area of anthropology and sociology. Dissecting coping strategies into three broad components, (biological/physiological, cognitive, and learned) will provide a better understanding of what the seemingly immense area is about.^[3]

Coping is defined as the process of managing demands (external and internal) that an individual appraises as taking or exceeding his or her available resources (Lazarus, 1981).^[4]

Ageing is a natural process that influences the individual, family and society in different ways. In old age, people seem to be depressed because of a variety of causes. They often find themselves deprived of the company of family members. The number of the elderly people is

increasing in almost country. In last three decades, the elderly population has grown twice as fast as the rest of the population.^[5] In India 3.8% of the population accounts for people above 65 years of age. It is expected that by 2030 elderly population will account for 21.8% of the total population.^[6]

Bell. M. Goss, (2002) said that approximately 1.5 million people older than age of 65 currently resides in nursing home and this number is projected to increase substantially with the aging estimates for major depression range from 12% - 22% and 116% - 30% for minor depression and majority of cases remain unrecognized.^[7]

The real problem of old age comes, if they are isolated. Old age is not an accident of life. It is an unavoidable incident of life.^[8]

Investigator has an interest to assess the level of stress and coping strategies among geriatric clients, as there is increase in the population of geriatric clients stress within them.

MATERIALS AND METHODS

Quantitative approach and descriptive research design was adopted for the present study. The study variables were Stress and coping strategies among geriatric clients, whereas the demographic variables include Age, gender, marital status, religion, education, occupation, family income, source of income, number of children, leisure time activity and clinical variable was history of chronic illness. The study was carried out among geriatric clients at Meiyur. The sample size for the present study was 50. Non-probability convenient sampling technique was adopted to select the samples for the study. The tool used for the data collection comprises of 3 sections: Section A - Demographic variables; Section B - Standardized 5-point rating Perceived Stress Scale (PSS) was used to assess the level of stress which was formulated by Dr. Sheldon Cohen & et.al (1983) and Section C - A structured 3- point rating coping scale was used for the

study which was formulated by investigator. It comprises of 15 statements. There are 9 positive and 6 negative statements with total score of 30. The content of the tools were established on the basis of opinions of Nursing experts. Suggestions were incorporated in the tool. In order to assess the reliability of the questionnaire, the test - retest method was done on the samples in the village. On statistical analysis the reliability of the tool was found to be 0.8.

Ethical considerations

The study was approved by the dissertation committee of SRM College of Nursing, Kattankulathur, Kancheepuram District. Permission was obtained from the Panchayat Officer and informed consent was obtained from each participant for the study before starting data collection. Assurance was given to the subjects that anonymity of each individual would be maintained and they are free to withdraw from the study at any time. The investigator explained the objectives and methods of data collection. The data collection was done during the day time. Self-introduction about the investigator and details about the study was explained to the samples and their consent was obtained. The confidentiality about the data and finding were assured to the participants. Data collected were analyzed by using descriptive and inferential statistics.

RESULTS

The Table 1 depicts the frequency and percentage distribution of geriatric clients. Majority of the geriatric clients 17 (34%) are in the age group of (60-64), 27 (54%) are females, 34 (68%) are married geriatric clients, 40 (80%) are Hindus, the education status of the geriatric clients 25 (50%) are illiterates, majority of the geriatric clients 30 (60%) are unemployed, 19 (38%) are earning Rs. 4727-7877, 26 (52%) are getting the source of income by employment, geriatric clients 17 (34%) are having 2 children; 17 (34%) are having 3 children, 12 (24%) spends the leisure time by watching television and 40 (80%) have no history of chronic illness.

Table 1: Frequency and percentage distribution of geriatric clients.

Demographic variables		Care givers N = 50	
		Number	Percentage
Age	60-64	17	34
	65-69	13	26
	70-74	12	24
	>75	8	16
Gender	Male	23	46
	Female	27	54
Marital status	Married	34	68
	Widow	16	32
Religion	Hindus	40	80
	Christians	9	18
	Muslims	1	2
Education	Illiterate	25	50
	Primary	12	24

	Middle	8	16
	High school	5	10
Occupation	Un employed	30	60
	Un skilled	2	4
	Skilled	2	4
	Clerical	12	24
	Semi professional	4	8
Family Income	Rs 1596-4726	9	18
	Rs 4727-7877	19	38
	Rs 7878-11876	13	26
	Rs 11877-15753	4	8
	Rs15754-31506	5	10
Source of Income	Pension	5	10
	Currently employed	26	52
	Funds from Children	19	38
Number of children	No Child	2	4
	1 Child	3	6
	2 Children	17	34
	3 Children	17	34
	4 and above	11	22
Activity	Reading	6	12
	Music / TV	32	64
	Others	12	24
History of chronic illness	Yes	10	20
	No	40	80

The Table 1 above represents the frequency and percentage distribution of geriatric clients.

Table 2(a): Level of stress among geriatric clients.

Level of Stress	Geriatric clients N = 50	
	Frequency	Percentage
Mild	31	62
Moderate	19	38
Severe	0	0

The above table 2(a) analysis reveals that 31 (62%) geriatric clients have mild stress; 19 (38%) clients have moderate stress and none of them have severe stress.

Table 2(b): Level of coping strategies among geriatric clients.

Level of Coping	Geriatric clients N = 50	
	Frequency	Percentage
Inadequate	0	0
Moderately adequate	18	36
Adequate	32	64

The above table 2(b) analysis reveals that 18 (36%) geriatric clients have moderately adequate level of coping strategies; 32 (64%) have adequate level of coping strategies and none of them have inadequate level of coping strategies.

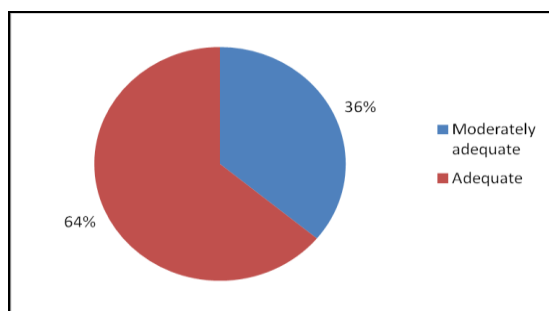


Figure 1: Percentage distribution of level of coping strategies among geriatric clients.

Table 3: Correlation between level of stress and coping strategies among geriatric clients.

Level N=50	Mean	SD	Correlation
Stress	19.16	3.63	r = 0.142
Coping	16.8	2.78	P = 0.325S

The above table 3 reveals that there is no correlation between stress and coping strategies among geriatric clients with the 'r' value r = 0.142.

Table 4: Shows association between the level of stress among geriatric clients with their demographic variables.

Demographic variables	Level of stress						Chi square test N = 50	
	Mild		Moderate		Severe			
	N	%	N	%	N	%		
Age	60-64	13	41.9	4	21.1	0	0	X ² = 0.547 P = 0.906 NS
	65-69	7	22.6	6	31.6	0	0	
	70-74	6	19.4	6	31.6	0	0	
	>75	5	16.1	3	15.8	0	0	
Sex	Male	14	45.2	9	47.4	0	0	X ² = 0.023 P = 0.879 NS
	Female	17	54.8	10	52.6	0	0	
Marital status	Married	22	71.0	12	63.2	0	0	X ² = 0.330 P = 0.566 NS
	Widow	9	29.0	7	36.8	0	0	
Religion	Hindus	26	83.9	14	73.7	0	0	X ² = 1.943 P = 0.379 NS
	Christians	4	12.9	5	26.3	0	0	
	Muslims	1	3.2	0	0	0	0	
Education	Illiterate	18	58.1	7	36.8	0	0	X ² = 2.292 P = 0.514 NS
	Primary	6	19.4	6	31.6	0	0	
	Middle	4	12.9	4	21.1	0	0	
	High school	3	9.7	2	10.5	0	0	
Occupation	Un employed	19	61.3	11	57.9	0	0	X ² = 2.391 P = 0.664 NS
	Unskilled	2	6.5	0	0	0	0	
	Skilled	1	3.2	1	5.3	0	0	
	Clerical	6	19.4	6	31.6	0	0	
	Semi professional	3	9.7	1	5.3	0	0	
Family Income	Rs 1590 - 4726	5	16.1	4	21.1	0	0	X ² = 9.71 P = 0.05 Significant
	Rs 4727 - 7877	15	48.4	4	21.1	0	0	
	Rs 7878 - 11876	5	16.1	8	42.1	0	0	
	Rs 11877-15753	4	12.9	0	0	0	0	
	Rs 15754-31506	2	6.5	3	15.8	0	0	
Source of income	Pension	3	9.7	2	10.5	0	0	X ² = 0.270 P = 0.873 NS
	Employee	17	54.8	9	47.4	0	0	
	Fund	11	35.5	8	42.1	0	0	
No. of children	No Child	2	6.5	0	0	0	0	X ² = 3.454 P = 0.486 NS
	1 Child	1	3.2	2	10.5	0	0	
	2 Children	9	29.0	8	42.1	0	0	
	3 Children	11	35.5	6	31.6	0	0	
	4 and above	8	25.8	3	15.8	0	0	
Activity	Reading	3	9.7	3	15.8	0	0	X ² = 6.962 P = 0.05 Significant
	Music/TV	17	54.8	15	78.9	0	0	
	Others	11	35.5	1	5.3	0	0	
Family History	Yes	8	25.8	2	10.5	0	0	X ² = 1.719 P = 0.19 NS
	No	23	74.2	17	89.5			

The above table 4 reveals that there is significant association between the level of stress among geriatric clients with their demographic variables of family income and leisure time activity. There is no association with respect to other demographic variables.

Table 5 shows association between the level of coping among geriatric clients with their demographic variables.

Demographic variables	Level of coping						Chi square test N = 50	
	Inadequate		Moderately adequate		Adequate			
	N	%	N	%	N	%		
Age	60-64	0	0	13	30.2	4	57.1	X ² = 2.05 P = 0.56 NS
	65-69	0	0	12	27.9	1	14.3	
	70-74	0	0	11	25.6	1	14.3	
	>75	0	0	7	16.3	1	14.3	
Sex	Male	0	0	20	46.5	3	42.9	X ² = 0.032 P = 0.857 NS
	Female	0	0	23	53.5	4	57.1	
Marital status	Married	0	0	28	65.1	6	85.7	X ² = 1.123 P = 0.279 NS
	Widow	0	0	15	34.9	1	14.3	
Religion	Hindus	0	0	35	81.4	5	71.4	X ² = 6.279 P = 0.043 Significant
	Christians	0	0	8	18.6	1	14.3	
	Muslims	0	0	0	0	1	14.3	
Education	Illiterate	0	0	22	51.2	3	42.9	X ² = 0.318 P = 0.967 NS
	Primary	0	0	10	23.3	2	28.6	
	Middle	0	0	7	16.3	1	14.3	
	High school	0	0	4	9.3	1	14.3	
Occupation	Un employed	0	0	25	58.1	5	71.4	X ² = 1.160 P = 0.818 NS
	Unskilled	0	0	2	4.9	0	0	
	Skilled	0	0	2	4.7	0	0	
	Clerical	0	0	11	25.6	1	14.3	
	Semi professional	0	0	3	7.0	1	9.4	
Family Income	Rs 1590 - 4726	0	0	9	20.9	0	0	X ² = 6.01 P = 0.198 NS
	Rs 4727 - 7877	0	0	16	37.2	3	42.9	
	Rs7878 - 11876	0	0	9	20.9	4	57.1	
	Rs11877-15753	0	0	4	9.3	0	0	
	Rs15754-31506	0	0	5	11.6	0	0	
Source of income	Pension	0	0	5	11.6	0	0	X ² = 0.905 P = 0.636 NS
	Employee	0	0	22	51.2	4	57.1	
	Fund	0	0	16	37.2	3	42.9	
No. of children	No Child	0	0	2	4.7	0	0	X ² = 1.232 P = 0.873 NS
	1 Child	0	0	3	7.0	0	0	
	2 Children	0	0	15	34.9	2	28.6	
	3 Children	0	0	14	32.6	3	42.9	
	4 and above	0	0	9	20.9	2	28.6	
Activity	Reading	0	0	5	11.6	1	14.3	X ² = 2.683 P = 0.274 NS
	Music/TV	0	0	26	60.5	6	85.7	
	Others	0	0	12	27.9	0	0	
Family History	Yes	0	0	7	16.3	3	42.9	X ² = 2.657 P = 0.1.3 NS
	No	0	0	36	83.7	4	57.1	

The above table 5 reveals that there is significant association between the level of coping among geriatric clients with their demographic variable of religion. There is no association with respect to other variables.

DISCUSSION

The analysis reveals that 31 (62%) geriatric clients have mild stress; 19 (38%) clients have moderate stress and none of them have severe stress. The analysis reveals that 18 (36%) geriatric clients have moderately adequate level of coping; 32 (64%) have adequate level of coping and none of them have in adequate level of coping. *Elsa Sanatombi Devi (2007)* conducted a study to determine

the perceived depressive feeling experienced by elderly clients above the age of 60 years. The subjective depressive feeling from the 100 clients by using of non-probability convenient sampling technique was collected. The result of this study, showed that majority of perceived depressive feeling experienced by 50% of elderly clients (between the age group of 60-69 years). Out of 100 elderly clients 16 were hypertensive people.^[9]

The analysis depicts that the Mean value of level of stress is 19.16 with SD 3.63 and the Mean value of level of coping strategies is 16.8 with SD 2.78. There is no correlation ($r = 0.142$) between the level of stress and coping strategies among geriatric clients.

Analysis depicts that there was significant association with the demographic variables such as family income, leisure time activity and there was no significant association found with other demographic variables such as age, gender, marital status, religion, education, occupation, source of income, number of children, and history of chronic illness in level of stress among geriatric clients.

Analysis depicts that there was significant association with the demographic variable religion and there was no significant association found with other demographic variables such as age, gender, marital status, education, occupation, family income, source of income, number of children, leisure time activity, and history of chronic illness in level coping strategies among geriatric clients.

CONCLUSION

The study concluded that most of the 31 (62%) geriatric clients have mild stress; 19 (38%) clients have moderate stress and none of them have severe stress. The analysis revealed that 18 (36%) geriatric clients have moderately adequate level of coping; 32 (64%) have adequate level of coping and none of them have inadequate level of coping. Further the results revealed that there was no significant correlation ($r = 0.142$) between the level of stress and coping strategies. With regard to level of stress and coping to association there was no significant association found with majority of demographic variables. So the investigator helped them to cope up with any stressful situations through an educational approach.

ACKNOWLEDGEMENT

The investigators would like express their gratitude the Panchayat officer for granting permission to conduct the study and to all the participants for their co-operation and support.

REFERENCES

1. Cannon, W. B. *The Wisdom of the Body*. New York: Norton, 2008.
2. Dienstbier, R. A. Arousal and physiological toughness: Implications for mental and physical health. *Psychological Review*, 2009; 96: 84-100.
3. Franken, R.E. *Human Motivation*, 3rd ed. Belmont, CA: Brooks/Cole Publishing Company, 2004.
4. Lazarus, R. Distress and coping paradigm. In C. Eisendorfer, D. Cohen, A. Kleiman and P. Maxim (Eds). *Models for Clinical Psycho Pathology*. New York: Spectrum, 1981.
5. *The Nursing Journal of India*, 2007; 5.
6. *The Nursing Journals of India*, 2007; 10.
7. Bell M. Goss AJ Recognition assessment and treatment of depression in geriatric nursing home residents "Clinical excellent practice", 2002; 5(1): 327 – 332.
8. Frankenhaeuser, M. A psychobiological framework for research on human stress and coping. In M.H. Appley and R. Trumbull, eds. *Dynamics of stress: Physiological, psychological, and social perspectives*. New York: Plenum, 2006.
9. Elsa Sanatombi Devi, *Nursing Journal of India*, 2007