

Assessment of Level of Stress and Coping Strategies among Institutionalized V/S Non-Institutionalized Elderly Residing in Selected Urban Community

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Abstract: Long life is a sign of good health; and aging is a natural process that influences the individual, family and society in different ways. Ageing is not disease but the final stage of normal life. The ageing of the world's population in developing and developed countries is an indicator of improving global health. Two types of stressors: life events observed through the quality of non-normative change and chronic stressors rooted in institutionalized roles. Both types of stress are of critical concern for elderly adults; however, chronic stressors, and their relationship to institutionalized roles, are especially important considerations because many elderly adults experience more stressors, perceive higher levels of stress, and have fewer effective coping responses available to them than do adults at other times of life.

The research methodology adopted for the study employed a quantitative research approach. The research design adopted for the present study was a Descriptive comparative research design. Which was based on health belief model (HBM). The study's accessible population was made up of institutionalized and non-institutionalized elderly people of city. A single group comprising 200 samples was selected using a non-probability purposive sampling technique by the inclusion criteria. The tool includes a demographic data tool and structured questionnaire designed to assess the Modified Likert scale and Self-structured coping strategies scale to assess the level of stress among institutionalized and non-institutionalized elderly.

Descriptive and inferential statistics were used in the data analysis. The two sample z-test is used for the comparison of stress and coping among institutionalized v/s non-institutionalized elderly residing in selected urban community. The stress score among institutionalized elderly was significantly higher than that among non-institutionalized elderly. The coping score among institutionalized elderly was significantly lower than that among non-institutionalized elderly.

Results: Among institutionalized elderly, 37% had mild stress (score 10-23) and 63% of them had moderate stress (score 24-37). Among non-institutionalized elderly, 50% had mild stress (score 10-23) and 50% of them had moderate stress (Score 24-37). 96% of the institutionalized elderly had average coping (score 36-55) and 4% of them had good coping (score 56-75). 64% of the non-institutionalized elderly had average coping (score 36-55) and 36% of them had good coping (score 56-75).

37% the institutionalized elderly had mild stress (Score 10-23) and 63% of them had moderate stress (score 24-37). 50% of the non-institutionalized elderly had mild stress (score 10-23) and 50% of them had moderate stress (Score 24-37). This indicates that the institutionalized elderly had more stress as compared to non-institutionalized elderly.

Average stress score among institutionalized elderly was 24.3 which was 23.1 among non-institutionalized elderly. Z-value for this test was 2.7. Corresponding p-value was small (less than 0.05), the null hypothesis is rejected. The stress score among institutionalized elderly was significantly higher than that among non-institutionalized elderly. Average coping score among institutionalized elderly was 47.3 which was 51.7 among non-institutionalized elderly.

elderly. Z-value for this test was 5.8. Corresponding p-value was small (less than 0.05), the null hypothesis is rejected. The coping score among institutionalized elderly was significantly lower than that among non-institutionalized elderly.

Keywords: *Assessment, level of stress, coping strategies, institutionalized, non-institutionalized, Elderly and urban community.*

INTRODUCTION:

The final phase of life is commonly referred to as old age. During this period, individuals transition from a prior, often more active and engaging phase of life. The conventional demarcation between middle age and old age is set at 60 years. In the contemporary family structure, the role of the elderly has evolved significantly. In the past, older family members held positions of unquestionable authority, contributing their knowledge and experience to address substantial family issues. However, the present social system has brought about a transformation. Younger family members now emerge from this altered arrangement. As a result of this shift, elderly adults may experience psychological detachment from their families, particularly those who have retired from professions like the military. This disconnects, driven by divergent value patterns, renders them susceptible to the onset of mental and physical health challenges as they confront both isolation and the natural process of aging, which brings about its own psychological disruptions.

Aging entails a broad decline in functionality that intensifies over time, resulting in a diminished capacity to adapt to stress and a heightened susceptibility to age-related ailments. The study's objectives encompassed comparing stress levels and coping mechanisms between institutionalized and non-institutionalized seniors. It also aimed to explore the interplay between specific demographic factors and stress-coping mechanisms.¹

Chronic stress can exert a detrimental impact on one's health, escalating the risk of mental health disorders such as anxiety and depression (Hammen, 2005). In light of this, acquiring effective coping mechanisms holds a range of positive outcomes (Cohen, 2004). These include mitigating the adverse consequences of stress, bolstering resilience, elevating overall quality of life, and fortifying social support systems to facilitate seeking assistance and solace from friends and family during challenging periods.²

NEED OF THE STUDY

In our daily lives, we are invariably confronted with challenges that can evoke stress. We perceive ourselves as being under stress when we perceive a problem to be significant and lack the necessary resources to manage it effectively. Stress can be described as the outcome of environmental demands that place pressure on an organism's adaptive capacity, thereby leading to psychological and biological changes that may increase susceptibility to disease.

In the context of the Covid-19 pandemic. This implies recognizing and harnessing the inherent strengths and capabilities of elderly individuals, which emerged as crucial during these unprecedented times. Overall, the study contributes valuable insights into how the elderly population in urban communities coped with the pandemic's challenges, emphasizing the importance of tailored and adaptive support strategies.³

METHODOLOGY

The current research study was designed to Assess the level of stress and coping strategies among institutionalized v/s non-institutionalized elderly residing in selected urban community.

The study used a quantitative research strategy as its research methodology. The research design adopted for the present study was a descriptive comparative research design. Which was based on health belief model (HBM). single group comprising 200 samples was chosen using a non-probability purposive sampling technique. The tool includes a demographic data tool and structured questionnaire designed to assess the Modified Likert scale and Self-structured coping strategies scale to assess the level of stress among institutionalized and non-institutionalized elderly.

In the data analysis, both descriptive and inferential statistics have been used. The institutionalized elderly had

more stress as compared to non-institutionalized elderly. The coping score among institutionalized elderly was significantly lower than that among no-institutionalized elderly.

RESULTS

Section I: Description of sample based on Description of samples (institutionalized and non-institutionalized elderly) based on their personal characteristics.

Age: In the institutionalized group of elderly individuals, the distribution of ages is as follows: 8% of the individuals are aged between 55 and 60 years, 44% fall within the 61 to 65-year age range, 35% are between 66 and 70 years old, and the remaining 13% are aged between 71 and 75 years. On the other hand, among the non-institutionalized group of elderly individuals, the age distribution differs slightly 4% of the individuals are aged 55-60 years, 42% fall within the 61-65 years range, 30% are aged 66-70 years, and the highest proportion, 24%, is between 71 and 75 years old.

Gender: In the institutionalized group, 62% of the individuals identified as males, while the remaining 38% were females. Conversely, within the non-institutionalized group, 54% of the individuals were males, and the remaining 46% were females.

Marital status: In the institutionalized group, 88% of the individuals were married, while the remaining 12% were unmarried. Similarly, within the non-institutionalized group, 88% of the individuals were married, and the remaining 12% were unmarried.

Education of respondent: Within the institutionalized group, 89% of the individuals had received primary education, while the remaining 11% had pursued secondary education. In contrast, among the non-institutionalized group, 69% had primary education, and a relatively higher proportion of 31% had attained secondary education.

Occupation: In the institutionalized group, the distribution of occupations was as follows: 34% of the individuals were engaged in farming, 14% were involved in business activities, 32% were dedicated housewives, and 20% were employed in the private service sector. Conversely, within the non-institutionalized group, the occupation distribution exhibited some variations: 5% of the individuals worked as farmers, 6% were in business, 42% took on the role of housewives, 12% pursued other unspecified occupations, and a notable 35% were employed in the private service sector.

Number of children: Among the institutionalized group, the distribution of children per individual was as follows: 14% of the individuals did not have any children, 8% had a single child, 41% had two children, 33% had three children, and 4% had four children. In comparison, within the non-institutionalized group, the distribution of children exhibited slightly different proportions: 10% of the individuals had a single child, 56% had two children, 26% had three children, and 8% had four children.

Type of family of the responds: In the institutionalized group, the family structure distribution was as follows: 46% of the individuals were part of joint families, while the remaining 54% were part of nuclear families. Conversely, within the non-institutionalized group, the family structure distribution showed a different trend: 57% of the individuals lived in joint families, whereas 43% lived in nuclear families.

Section II: Analysis of data related to the level of stress among institutionalized elderly residing in selected urban community.

Table 1: Level of stress among institutionalized elderly residing in selected urban community.

Stress	Institutionalized	
	Freq	%
Mild	37	37%
Moderate	63	63%
Severe	0	0%

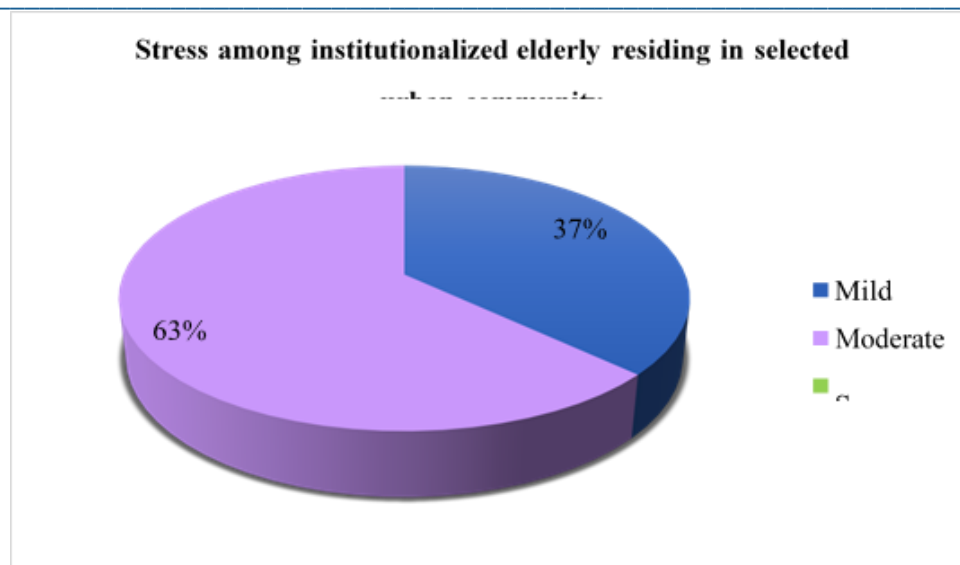


Figure no: 1- Pie diagram showing percentage wise Level of stress among institutionalized elderly residing in selected urban community.

37% of the institutionalized elderly had mild stress (score 10-23) and 63% of them had moderate stress (score 24-37).

Section III: Analysis of data related to the level of stress among non-institutionalized elderly residing in selected urban community.

Table 2: Level of stress among non-institutionalized elderly residing in selected urban community

Stress	Non-Institutionalized	
	Freq	%
Mild	50	50%
Moderate	50	50%
Severe	0	0%

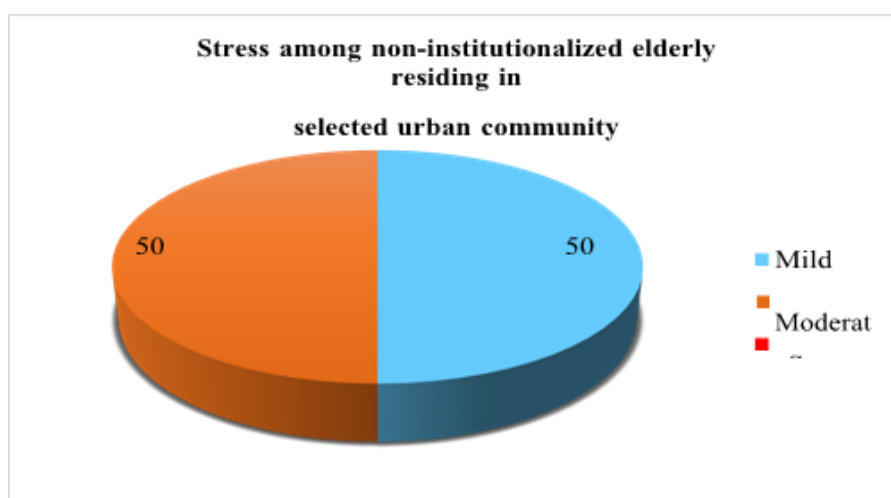


Figure no:2 - Pie diagram showing percentage wise Level of stress among non-institutionalized elderly residing in selected urban community.

50% of the non-institutionalized elderly had mild stress (score 10-23) and 50% of them had moderate stress (Score 24-37).

Section IV: Analysis of data related to the coping strategies among institutionalized elderly residing in selected urban community.

Table 3: Coping strategies among institutionalized elderly residing in selected urban community.

Coping	Institutional	
	Freq	%
Poor	0	0%
Average	96	96%
Good	4	4%

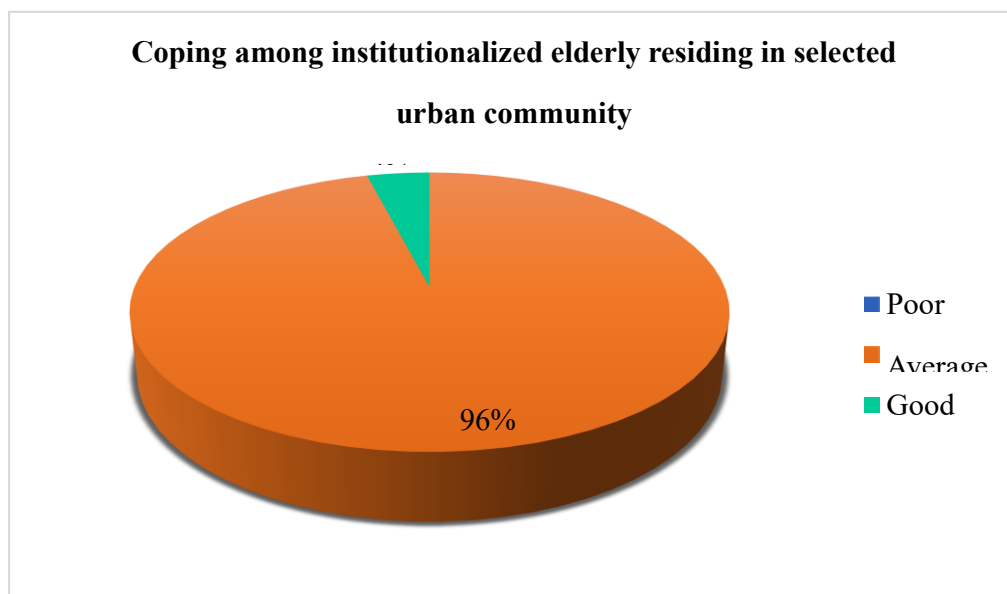


Figure no: 3- Pie diagram showing percentage wise Coping strategies among institutionalized elderly residing in selected urban community.

96% of the institutionalized elderly had average coping (score 36-55) and 4% of them had good coping (score 56-75).

Section V: Analysis of data related to the coping strategies among non-institutionalized elderly residing in selected urban community.

Table 4: Coping strategies among non-institutionalized elderly residing in selected urban community

Coping	Non-institutional	
	Freq	%
Poor	0	0%
Average	64	64%
Good	36	36%

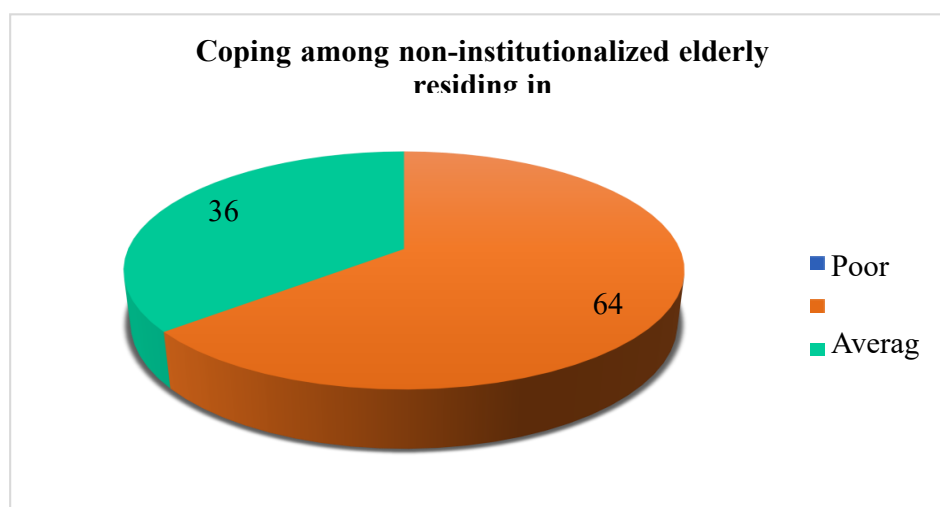


Figure no: 4 - Pie diagram showing percentage wise Coping strategies among non-institutionalized elderly residing in selected urban community,

64% of the non-institutionalized elderly had average coping (score 36-55) and 36% of them had good coping (score 56-75).

Section VI: Analysis of data related to the comparison of the level of stress among institutionalized v/s no-institutionalized elderly residing in selected urban community.

Table 5: Comparison of the level of stress among institutionalized v/s no-institutionalized elderly residing in selected urban community

Stress	Institutionalized		Non-Institutionalized	
	Freq	%	Freq	%
Mild	37	37%	50	50%
Moderate	63	63%	50	50%
Severe	0	0%	0	0%

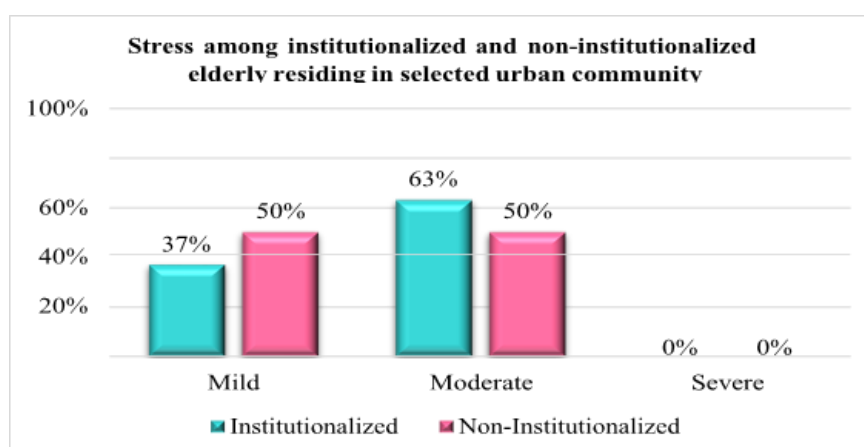


Figure no: 5- Bar diagram showing percentage wise Comparison of the level of stress among institutionalized v/s no-institutionalized elderly residing in selected urban community.

Among the institutionalized elderly individuals, 37% experienced mild stress (Score 10-23), while the majority, constituting 63%, faced moderate stress (Score 24-37). In comparison, within the non-institutionalized elderly group, an equal percentage of 50% each exhibited mild stress (Score 10-23) and moderate stress (Score 24-37). This disparity indicates that the institutionalized elderly population experienced higher levels of stress when compared to their non-institutionalized counterparts.

Table 6: Two sample z-test for the comparison of stress among institutionalized v\s no-institutionalized elderly residing in selected urban community.

Group	Mean	SD	z	p-value
Institutionalized	24.3	3.3	2.7	0.003
Non-Institutionalized	23.1	3.1		

The researcher utilized a Two Sample Z-test to assess the differences in stress levels between institutionalized and non-institutionalized elderly individuals within a selected urban community. The average stress score for the institutionalized elderly was calculated as 24.3, whereas among the non-institutionalized elderly, it measured 23.1. The resulting z-value for this test was computed as 2.7. Importantly, the corresponding p-value was found to be small, being less than the significance level of 0.05. Consequently, the null hypothesis was rejected. This outcome indicates that the stress scores among the institutionalized elderly were significantly higher than those observed among their non-institutionalized counterparts.

Section VII: Analysis of data related to the comparison of the level of coping among institutionalized v\s no-institutionalized elderly residing in selected urban community.

Table 7: Comparison of the coping among institutionalized v\s no-institutionalized elderly residing in selected urban community

Coping	Institutional		Non-institutional	
	Freq	%	Freq	%
Poor	0	0%	0	0%
Average	96	96%	64	64%
Good	4	4%	36	36%

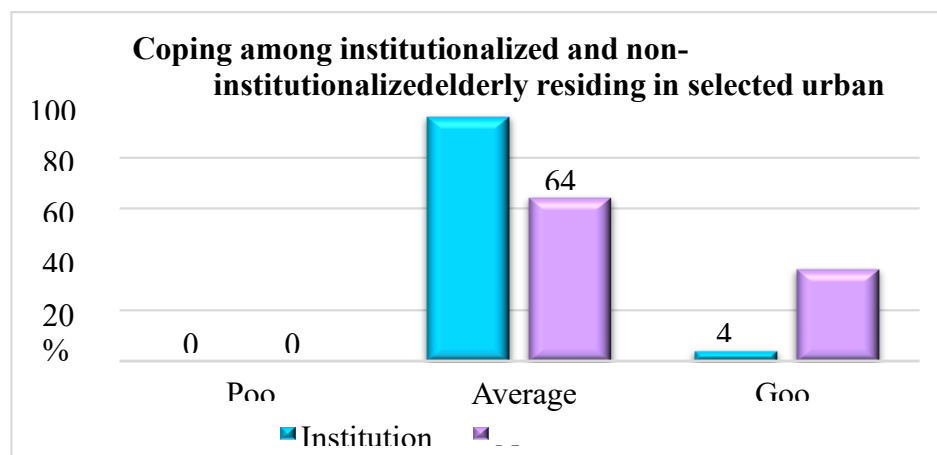


Figure no-6: Bar diagram showing percentage wise Comparison of the coping among institutionalized v\s no-institutionalized elderly residing in selected urban community.

96% of the institutionalized elderly had average coping (score 36-55) and 4% of them had good coping (score 56-75). 64% of the non-institutionalized elderly had average coping (score 36-55) and 36% of them had good coping (score 56-75). This indicates that the non-institutionalized elderly had better coping as compared to institutionalized elderly.

Table 8: Two sample z-test for the comparison of coping among institutionalized v\s no-institutionalized elderly residing in selected urban community.

Group	Mean	SD	z	p-value
Institutional	47.3	5.3	5.8	0.000
Non-institutional	51.7	5.5		

Researcher applied two sample z-test for the comparison of coping among institutionalized v\s no-institutionalized elderly residing in selected urban community. Average coping score among institutionalized elderly was 47.3 which was 51.7 among non-institutionalized elderly. Z-value for this test was 5.8. Corresponding p-value was small (less than 0.05), the null hypothesis is rejected. The coping score among institutionalized elderly was significantly lower than that among no-institutionalized elderly.

Section VIII: Analysis of data related to association of study findings with selected demographic variables.

Table 9: Fisher's exact test for the association of coping among institutionalized elderly with selected demographic variables.

Demographic variable		Coping		p-value
		Average	Good	
Age	55-60 years	7	1	0.401
	61-65 years	43	1	
	66-70 years	33	2	
	71-75 years	13	0	
Gender	Female	36	2	0.634
	Male	60	2	
Marital status	Married	84	4	1.000
	Unmarried	12	0	
Education	Primary	86	3	0.377
	Secondary	10	1	
Occupation	Agriculture	33	1	0.908
	Business	14	0	
	Housewife	30	2	
	Other	19	1	
	Zero	14	0	

Number of children	One	8	0	0.793
	Two	38	3	
	Three	32	1	
	Four	4	0	
Type of family	Joint	44	2	1.000
	Nuclear	52	2	

Since all the p-values were large (greater than 0.05), none of the demographic variable was found to have significant association with the coping among institutionalized elderly.

Table 10: Fisher's exact test for the association of stress among no-institutionalized elderly with selected demographic variables.

Demographic variable		Stress		p-value
		Mild	Moderate	
Age	55-60 years	1	3	0.449
	61-65 years	20	22	
	66-70 years	14	16	
	71-75 years	15	9	
Gender	Female	25	21	0.548
	Male	25	29	
Education	Primary	35	34	1.000
	Secondary	15	16	
Occupation	Agriculture	3	2	0.850
	Business	3	3	
	Housewife	22	20	
	Other	7	5	
	Private	15	20	
Number of children	One	7	3	0.448
	Two	27	29	
	Three	11	15	
	Four	5	3	
Type of family	Joint	21	36	0.004
	Nuclear	29	14	

Since the p-value corresponding to demographic variable type of family was small (less than 0.05), the demographic variable type of family was found to have significant association with the stress among no-institutionalized elderly.

Table 11: Fisher's exact test for the association of coping among no-institutionalized elderly with selected demographic variables

Demographic variable		Coping		p-value
		Average	Good	
Age	55-60 years	3	1	0.094
	61-65 years	25	17	
	66-70 years	16	14	
	71-75 years	20	4	
Gender	Female	28	18	0.676
	Male	36	18	
Education	Primary	45	24	0.822
	Secondary	19	12	
Occupation	Agriculture	4	1	0.795
	Business	3	3	
	Housewife	25	17	
	Other	8	4	
	Private	24	11	
Number of children	One	7	3	0.906
	Two	35	21	
	Three	16	10	
	Four	6	2	
Type of family	Joint	38	19	0.536
	Nuclear	26	17	

Since all the p-values were large (greater than 0.05), none of the demographic variable was found to have significant association with the coping among no-institutionalized elderly.

DISCUSSION

The aim of the study was to assess the level of stress and coping strategies among institutionalized v/non-institutionalized elderly residing in selected urban community. The study made use of quantitative research strategy as its research methodology. The research design adopted for the present study was a descriptive comparative research design which was based on health belief model (HBM). single group comprising 200 samples was chosen using a non-probability purposive sampling technique. The tool includes a demographic data

tool and structured questionnaire designed to assess the Modified Likert scale and Self-structured coping strategies scale to assess the level of stress among institutionalized and non-institutionalized elderly.

In the data analysis, both descriptive and inferential statistics have been used. The institutionalized elderly had more stress as compared to non-institutionalized elderly. The coping score among institutionalized elderly was significantly lower than that among no-institutionalized elderly.

CONCLUSION

The researcher felt a deep sense of satisfaction and fulfilment at having undertaken the study. The study provided deeper insight and empathy towards the need for expert guidance from the guide and cooperation of teachers has made this study a fruitful and pleasant experience.

The aim of the study was to assess the level of stress and coping strategies among institutionalized v/non-institutionalized elderly residing in selected urban community.

Acknowledgement: The researcher would like to acknowledge the ethical committee and authorities of the selected urban area and all the participants for their support in the study.

Financial support and sponsorship: This was a self-funded study.

Conflict of interest: There are no conflicts of interest.

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