THE RELATIONSHIP BETWEEN THE DEGREE OF STRESSORS AND THE COPING STRATEGIES OF OLDER ADULT LIVING IN NURSING HOME

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Abstract

**Introduction:** Stress is potentially overwhelming, especially for older adults. Different types of stressors require different coping strategies. This study aimed to find the relationship between the stressors and the coping strategies among the older adults at a nursing home in Yogyakarta, and to develop a stress debriefing program.

**Methods:** This study utilized a quantitative research method with a descriptive correlational-comparative design. To develop the stress debriefing program, the questionnaires about stressors and coping strategies were used as the research instruments. The respondents recruited using purposive sampling with total of 100 older adults. Simple descriptive through to complex analyses and multivariate regression were carried out using SPSS.

**Results:** The results showed that the p-value of the difference between the demographics and the degree of stressors was 0.70; while the p-value of the relationship between the degree of stressors and coping strategies was 0.07. It means that there was no significant relationship between the degree of stressors and the coping strategies of older adults living in nursing home.

**Conclusions:** The results found that there was no significant relationship between the degree of stressors and the coping strategies employed by the respondents. Nurses should be aware of the stressors and help the residents to develop appropriate coping strategies.

**Keywords:** coping, stressors, older adults

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INTRODUCTION

Problems and stress are normal and inevitable in life. According to Treas and Wilkinson, (2014), stress is a response caused by stressors. With the right steps, problems can be solved regardless of their difficulty levels, and stress can be minimized. However, if people cannot handle the problems, stress may occur and become overwhelming. For older people, stress is potentially devastating as it can harm psychological and emotional wellbeing. In this advanced year of human life, strength and vigor decline; likewise, cognitive and emotional states change (Heath and Phair, 2011). A person who has reached old age can also experience stress. It is commonly associated with the condition of being old and entering the final stage of the human life cycle wherein the body functions start to diminish cognitively and emotionally. Furthermore, stress is often reputed to be the sign of a mental disorder since people will likely develop depression if left untreated for a long period of time. Thus, it is essential for people to apply coping strategies when they are facing a problem. Coping strategies refer to one's ability to solve the problem and it is a process which changes from one time to another (Frydenberg, O'Brien and Deans, 2012).

Stress is detrimental for one's wellbeing, health, and quality of life as well as disruptive for one's thinking processes and actions. Also, the type of stressors can impact how effectively a person copes with the stressful situation. People have different types of stress and coping strategies. They can also feel a diversity of emotions, such as worry, anger, fear, sadness, and/or surprise. These emotions come hand in hand with stress when they become intense and persistent (Musradinur, 2016). It is important to discuss stress as people may deal with it on a daily basis. Generally, everyone encounters both internal and external stressors. If one fails to respond to the stressors, it can wreak havoc on one's physical health. The older adult is one of a vulnerable population, which requires an important set of adaptive skills to overcome the stressor by use the coping strategies (León-Navarrete et al., 2017).

There are many stressors experienced by the older adult according to a research study by Ribeiro et al. (2017) which explained if situations become as a threat to wellbeing it may lead to stress, such as death and the physical limitations of aging. Loss of a loved one, finding that they will die because of diseases and being a burden to relatives, and the physical limitations will lower levels of independence of the older adult. Stress may arise if anyone is not ready for such issues. Other study conducted by OrtolevaBucher et al. (2022) also discusses about health as the stressor that may lead into stress regarding the perceived health status. Raut et al. (2014) research added loneliness as a complex set of feelings correlated with depressive symptoms. The researcher is interested in discovering the relationship between the stressors and the coping strategies implemented by older adults.

METHODS

Design

A quantitative approach with a descriptive correlational-comparative design was employed to conduct this study. This research design was chosen as it was in line with the nature of the research problem (Grove, Gray and Burns, 2013). The researcher sought the demographic

differences among the respondents using the comparative research design. Meanwhile, the relationship between the degrees of the stressors the respondents experienced and the coping strategies they employed were investigated using the correlational research design.

Population and Sample

The study used total population sampling technique. A total of 126 older adults lived in the Abiyoso Unit of BPSTW Yogyakarta with three different conditions: 1) 24 older adults with dependent care, 2) 17 with interdependent care, and 3) 85 with self-care. The respondents of the research were recruited using the following criteria: 1) aged 50 and above, 2) able to communicate well, 3) able to move around, and 4) logical and consistent. However, the study ended up with 100 respondents because 26 respondents did not fill in the questionnaire and no longer lived at the nursing home.

Instrument

This study used a questionnaire. The first questionnaire asked about basic demographic data, such as age, gender, support person, length of stay, and disease. Meanwhile, the second questionnaire, adapted from Trull and Prinstein (2013) Treas and Wilkinson (2014) and Rahman (2016), asked about the types of stressors, which were comprised of two categories: internal stressors (18 items) and external stressors (18 items), using a scale consisting of *always* (3.25-4.00), *often* (2.50-3.24), *sometimes* (1.75-2.49), and *never* (1.00-1.74) (Suyanta, 2012; Singh and Kaur, 2015; McKim *et al.*, 2016). The selection of the statements was based on the possibility of stressors occurring in a nursing home. Adopted from Lazarus and Folkman's "Ways of Coping" questionnaire, the third questionnaire asked about the coping

strategies, classified into two types: problem-focused coping and emotion-focus coping. The original questionnaire consists of 66 items; since the focus was the two categories of coping strategies, only 50 items were used in this study and the additional items were removed. The problem-focused coping strategies covered confrontative, seeking social support, and planful-problem solving, while the emotion-focused coping strategies encompassed distancing, self-controlling, positive reappraisal, accepting responsibility, and escape-avoidance. The scale used consisted of *used a great deal* (2.25-3.00), *used quite a bit* (1.50 - 2.24), *used somewhat* (0.75-1.49), and *not used* (0-0.74) (Andriani, 2015; Bandana and Agarwal, 2015; Bagheri-nesami *et al.*, 2017). Prior to the use of the research instrument, the researcher ensured the trustworthiness of the questions by conducting the validity and reliability tests. The instrument was validated using expert judgment from four validators: two psychologists and two nurses. The qualifications of the competent validators were: 1) involvement in the nursing field and 2) experts in psychology. The pilot test was done on 100 older adults who were not included in the actual sample in this study. The data gathered for the pilot test were analyzed using the SPSS software.

Based on the results of the validity test, the distribution of the value r table product moment 5% significance with N=100 was 0.195. Based on the count value obtained rxy > r table (0.195), the questions 24, 25, 26, 27, 35, and 36 in the type of stressors questionnaire were not valid and thus were deleted. Meanwhile, the results of the reliability test showed that the R alpha (0.823) > r table (0.195). In the coping strategies questionnaire, questions 6, 10, 16, 26, 27, 31, 32, 34, 38,

41, and 44 were not valid and deleted because rxy > r table (0.195).

Procedure

Data collection was completed in 14 days. The first step was to get clearance to conduct the study from the CRID Center in St. Paul University Manila. Then, after the approval, the researcher sought the written permission from the Dean of the College of Nursing and Allied Health Sciences (CNAHS) of St Paul University Manila (SPUM) to conduct the study in nursing home. The letter from the Dean was submitted to the Governor Special Region of Yogyakarta, then the researcher obtained a letter of recommendation from the Office of Social Affairs of the Special Region of Yogyakarta. Further, the Office of Social Affairs was given official memo to be submitted to Tresna Werdha Nursing Home (BPSTW), Budi Luhur Unit, Bantul District, Special Region of Yogyakarta, and Tresna Werdha Nursing Home (PSTW), Abiyoso Unit, Sleman District, Special Region of Yogyakarta.

Before the conduct of the research study, the researcher validated the research instrument to one hundred elderly respondents in a nursing home. Then the researcher explained to the respondents the objective, benefit, and procedures. Since the researcher found difficulty for data gathering, the researcher hired two assistants. The researcher asked the elderly who were willing to be respondents in this study to sign a consent form. For those who could not sign, the assistant signed as the witness. Data gathering was completed in 14 days. After all the data were gathered, the researcher processed and analyzed them with the statistician.

Analysis of data

This study used three questionnaires. The demographic characteristics, the type of stressors, and the coping strategies were analyzed. One-way ANOVA was used to infer if there was a statistical difference between the characteristics of the respondents (such as age, length of stay, support person, co-morbidity of disease) and the degree of the stressors among older adults. In addition, the t-test was performed to determine the statistical relationship between the degree of the stressors and the coping strategies, with the significance level of the p-value=0.05.

Ethical clearance

This research was conducted in accordance with the ethical principles adopted by St Paul University Manila (SPUM) on September 22, 2017 and based on the consent of the respondents.

RESULTS

Table 1 shows that the majority of the respondents (51%) were 75-90 years old. Among 100 older adults, 65% of the respondents were female; 41% had lived in the nursing home for more than 5 years; 33% had relatives as their support person; and 45% had a disease.

Table 1. Characteristic of respondents (n=100(

	Characteristic	Frequency	Percent
Age	60-74 years old	47	47.0%
	75-90 years old	51	51.0%
	>90 years old	2	2.0%
Gender	Female	65	65.0%

	Male	35	35.0%
Length of Stay	< 1 year	16	16.0%
	1-2 years	24	24.0%
	3-4 years	18	18.0%
	5 years	1	1.0%
	> 5 years	41	41.0%
Support Person	Children	21	21.0%
	Relatives	33	33.0%
	Peers	4	4.0%
	Healthcare Provider	5	5.0%
	Alone	32	32.0%
	No family	5	5.0%
Co-morbidity of Disease	do not have any disease	6	6.0%
	1 disease	45	45.0%
	2 diseases	37	37.0%
	> 2 diseases	12	12.0%

Table 2 shows the differences between the demographics and the degree of stressors among the respondents. First, the higher of the mean rank of the demographic's regarding age was >90 years old and the lowest was 60-74 years old. Second, the higher of the mean rank of the demographic's regarding gender was female and the lowest was male. Third, the higher of the mean rank of the demographics regarding the length of stay was for 3-4 years and the lowest was more than five years. Fourth, the higher of the mean rank of the demographics regarding comorbid diseases was with two diseases and the lowest was with no disease. Fifth, the higher of the mean rank of the demographics regarding support person was no family and the lowest was the peers. The result of the p value on fifth categories associated with one-way ANOVA was greater than .05, indicating the acceptance of the null hypothesis.

Table 2. The Difference between Demographic Profiles and the Degree of Stressors (n=100)

Demographic Profiles	Mean Rank of Demographic Profiles	Degree of Stressors $\overline{X}$	p-value
Age			
60-74 years old	1.71		
75-90 years old	1.81	1.77	0.19
>90 years old	1.96		
Gender			
Female	1.77		0.70
Male	1.76	1.77	
Length of Stay			
< 1 year	1.75		
1-2 years	1.78		
3-4 years	1.85	1.77	0.69
5 years	1.53		
> 5 years	1.74		

Co-morbidity of Disease			
do not have a disease	1.61		
1 disease	1.75	1.77	0.43
2 diseases	1.82		
> 2 diseases	1.76		
Support Person Children	1.78		
Relatives	1.72		
Peers	1.43	1.77	0.07
Healthcare Provider	1.94		
Alone	1.79		
No family	1.97		

Table 3 shows the relationship between the degree of stressors and the coping strategies adopted by the respondents. The table clearly shows that the p value was .079, which is greater than .05, indicating the acceptance of the null hypothesis. This result indicates that the null hypothesis is accepted, meaning there was no significant relationship between the degree of stressors and the coping strategies.

Table 3. Relationship between the Degree of Stressors Experienced and the Coping Strategies Employed by Older Adults

Variables	Coefficient	P value	CI 95%	
Degree of stressor → Coping strategies	-.227	.079	-.481	.027

DISCUSSION

There should have been differences between the demographics and the degree of stressors among the respondents. However, some factors influenced the results of the study, which was uncontrollable. The findings suggest a contradiction with some resources. Based on a study conducted by Rahman (2016), everyone experiences stress in various stages of life. Almost all the life events can become stressors, but some of them further accelerate the onset of stress than others. For example, with tragic events, such as rapes, fires, and disputes of the human life cycle, people are likely to understand and accept any changes that occur. However, according to Dorrian et al. (2017), these stressors may cause a person to suffer from a trauma and develop further into severe stress more quickly rather than natural disasters. The results of the study suggest that stress can be sourced from the individual, family, and community. A person who is prepared to enter the final stage stated that the factors affecting how older adults rate stressors, which are interrelated with the rejected hypothesis, are attitudes and beliefs, personality, approach to life, past life experiences with stress, and coping style.

The degree of stressor is not related to the use of coping strategies, but rather to the demographics (support from

the family). Similarly, the results of a research by Warni, Susilo and Purwaningsih (2014) showed that there is a significant relationship between family support and coping mechanisms for the elderly in Leyangan District. Coping strategies can be effective if there is a support system behind. Coping resources are defined as relatively stable characteristics of individual and environmental dispositions that facilitate positive adaptation to stress. Family, siblings, friends, nurse, and the environment in which a person lives have a great and important influence on coping strategies for the older adults. A study by Putri (2012) showed that the older adults who live with their families have low stress levels compared to the those who live in the care facility because they do not have family support and coping resources when faced with adverse situations.

In addition to support from the family, social support plays an essential role for the older adults. It refers not only to the number of social relationships, but also to the quality of those relationships (Trull and Prinstein, 2013). The basic idea is that interpersonal bonds can actually improve health. They protect people from harm when they face stress, decrease susceptibility to illness, and help people adhere to and maintain treatment regimens. Social support is one form of coping assistance. This is in line with the argument by Tamher and Noorkasiani (Arifin, Puji and Trimawati, 2016) that coping mechanisms in the older adults are influenced by several factors including social support. The environment or society is a place of refuge for the older adults and this is the most preferred thing after the family. Social support can significantly help the older adults overcome their problems. Self-confidence

and motivation to face problems will increase if they have social support.

Lazarus (cited in Arifin, Puji and Trimawati, 2016) explained that social support helps improve coping mechanisms by providing emotional support and advice on alternative strategies based on past experiences, and involving others to focus on positive aspects. Friedman (cited in Arifin, Puji and Trimawati, 2016) supported Lazarus' statement that social support will create good relationships. Social support shows a process that occurs in all periods of life. The characteristics and types of social support differ in different life cycles. However, at all stages of the life cycle, social support enables families to function with various intelligences and common senses. As a result, health and adaptive capacity will improve.

Furthermore, the coping strategies used by the older adults to deal with loneliness also vary depending on how they perceive loneliness as stress, according to a study conducted by Agarwal and Shalini (2015). Loneliness is an unpleasant feeling in which a person feels a strong sense of emptiness and solitude resulting from inadequate social relationships. It is a subjective experience. People may have different ideas when they rate loneliness as a stressor. To overcome the stressful conditions, they perform some activities as coping strategies that are useful to disrupt feelings of loneliness. Regarding stress, the Abiyoso Unit of BPSTW Yogyakarta conducts psychological education for the older adults on Saturdays. All the older adults participate in this activity. During the activity, psychologists must be more sensitive to the condition of the older adults to prevent stress. They must strictly advise the older adults and observe their progress (Pasmawati, 2017; Anggreini,

2019; Puspitasari and Rohmah, 2019).

The results of this research revealed that internal stressors were the only type of stressors the respondents experienced. Benefiting from the results, stress levels can be assessed and/or counseling can be arranged by conducting small group discussions to share feelings constructively. Through such discussions, what the older adults feel and what types of assistance are necessary for them can be investigated. Morris et al., (2015) and Astuti, Witriyani and Abdullah (2018) added that assessment of geriatric stress levels needs to be done to find out at what level the older adults are. Furthermore, an assessment to determine personal characteristics is necessary to discover the extent the older adults are able to handle stress. However, the older adults should be knowledgeable about stress, including the definition, causes, and the impacts of stress on their lives. The aim of developing the program is to help the older adults prevent and manage their stress through group stress management to further improve communication with one other since they live together in one community. An intervention was created to help the older adults prevent stress (Dewi, 2016; Fissler *et al.*, 2017; Soga, Gaston and Yamaura, 2017; Faidah, Indriani and Abadi, 2018; Alvita and Huda, 2020; Koo, Chen and Yeh, 2020).

The language barrier is one of the limitations in this study. When the researcher assessed the older adult, they did not understand the sentences. This condition made the researcher use another question without changing the meaning of the questionnaire. During data collection, the researcher asked the questions one by one in languages that the older adults could understand. Also, the research is limited to the identification of the degree of stressors, and the identification of coping strategies is limited to the tests used, while other coping strategies may be present. This study is limited to age and one nursing home, which is very specific and might provide unique circumstances.

CONCLUSIONS

There was no significant difference between the demographics and the degree of stressors experienced by the respondents. Besides, no significant relationship was found between the degree of stressors and the coping strategies employed by the respondents. Although the result of the study may differ with other findings, the older adult should know and be aware of the difficulties while facing the stressor. This awareness can build the coping mechanism to assist them in achieving adequate wellbeing and quality life. The inability to recognize stress can make anyone stressed and even depressed. We as providers still have to support them by conducting other methods that can help the older adult know the importance of coping strategies in their lives.

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