
***A Comparative Study To Assess The Level Of Stress, Coping Strategies
And Quality Of Life Of Institutionalized And Non Institutionalized Elderly
Residing At Puducherry***

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Abstract

Objective: To compare the level of stress, coping strategies and quality of life between institutionalized and non-institutionalized elderly residing at Puducherry. **Method:** Descriptive Research Design with two groups (Institutionalized and Non-Institutionalized). Sixty samples including male and female where 30 samples in institutionalized and 30 samples in non-institutionalized elderly. **Result:** The study showed that, the Mean value of Level of Stress, Coping strategies and Quality of life of Institutionalized elderly was 17.4, 151.37 and 79.57 respectively. Whereas in Non- Institutionalized elderly the Mean value of Level of Stress, Coping strategies and Quality of life was 17.57, 129.93 and 65.2 respectively. **Conclusion:** The study findings revealed that, Institutionalized elderly are having Less Stress, More Coping strategies and Good Quality of life than Non- Institutionalized elderly.

Key words: Stress, Coping, Quality Of Life

INTRODUCTION:

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. Since the beginning of century, the number of people over 65 years of age has increased worldwide. Stressful experiences could be traced to social structures and an individual's role within those structures. 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. Perceived quality of life is a complex phenomenon. Often, while comparing two individuals with similar life circumstances, investigators find considerable disparity in reported quality of life. Quality of life can be classified either as primary factors or process factors. Quality of life primary antecedent factors that are commonly identified include physical and emotional safety, financial security, health, self-concept and self-esteem, and social

engagement factors. The process factors that influence quality of life are personal attributes that contribute to the interpretation of the primary factor antecedents. The existence of process factors explains why two people subject to similar objective conditions can have grossly dissimilar perceived levels of life satisfaction.

Objectives

- To assess the Level of Stress, Coping strategies and Quality of life of Institutionalized and Non-Institutionalized elderly.
- To compare the Level of Stress, Coping strategies and Quality of life between Institutionalized and Non-Institutionalized elderly.
- To correlate the Level of Stress, Coping strategies and Quality of life between Institutionalized and Non-Institutionalized elderly.
- To associate the Level of Stress, Coping strategies and Quality of life with the selected Demographic variables of Institutionalized and Non-Institutionalized elderly.

Hypotheses:

- H1-There is a difference in the Level of Stress, Coping strategies and Quality of life of Institutionalized and Non-Institutionalized elderly.
- H2 - There is a relationship between the Level of Stress, Coping strategies and Quality of life of Institutionalized elderly.
- H3 - There is a relationship between the Level of Stress, Coping strategies and Quality of life of Non- Institutionalized elderly.
- H4-There is an association between the Level of Stress, Coping strategies and Quality of life of Institutionalized

- *elderly with their Demographic variables.*

H5- There is an association between the Level of Stress, Coping strategies and Quality of life of Non-Institutionalized elderly with their demographic variables

Methodology:

The study was conducted in Hospice Convent (Home for Aged) at Puducherry Pillaithottam (Urban) at Puducherry. The Research design used for this study was Descriptive Research Design – Comparative Study. The elderly were selected from Hospice Convent (Home for Aged) and Pillaithottam (Urban) at Puducherry. 60 Sample were selected through Non-probability purposive sampling technique was adopted and 30 Samples from Hospice Convent (Home for Aged) and 30 Samples from Pillaithottam (Urban) at Puducherry.

DESCRIPTION OF THE TOOL:

PART –I: SOCIO DEMOGRAPHIC VARIABLES

The socio demographic variable consisted of age, sex, religion, educational status, marital status, type of family, yoga practice, spouse alive, physical ailments and number of children.

PART- II:

The Modified Perceived Stress Scale to assess the Level of Stress, Modified Coping Strategies Inventory to assess the Coping strategies and Modified WHO-Quality of Life BREF scale to assess Quality of life of Institutionalized and Non-Institutionalized elderly residing at Puducherry

RESULTS

Distribution of Level of Stress among Institutionalized and Non-Institutionalized Elderly

N=60

S.No	Level of Stress	Institutionalized Elderly (30)		Non-Institutionalized Elderly (30)	
		(n)	(%)	(n)	(%)
1	No Stress	16	53.30%	11	36.60%
2	Mild Stress	8	26.60%	13	43.30%
3	Moderate Stress	6	20%	6	20%
4	Severe stress	0	0%	0	0%

The level of stress of institutionalized elderly, 16(53.3%) had no stress, 8(26.6%) had mild stress, 6(20%) had moderate stress. Whereas in Non-Institutionalized elderly, 11(36.6%) had no stress, 13(43.3%) had mild stress, 6(20%) were have moderate stress.

Distribution of Coping Strategies among Institutionalized and Non-Institutionalized Elderly

(N=60)

S.No	Coping Strategies	Institutionalized Elderly (30)		Non-Institutionalized Elderly (30)	
		(n)	(%)	(n)	(%)
1	Poor Coping	5	16.60%	15	50%
2	Moderate Coping	25	83.30%	15	50%
3	Good coping	0	0%	0	0%

The coping strategies of institutionalized elderly, 5(16.6%) had poor coping and 25(83.3%) had moderate coping. Regarding the coping strategies of Non-Institutionalized elderly, 15(50%) had and 15(50%) was moderate coping.

Distribution of Quality of Life among Institutionalized and Non-Institutionalized Elderly

(N=60)

S.No	Quality of Life	Institutionalized Elderly (30)		Non-Institutionalized Elderly (30)	
		(n)	(%)	(n)	(%)
1	Very Poor	0	0%	3	10%
2	Poor	11	36.70%	25	83.40%
3	Good	19	63.30%	2	6.60%
4	Very good	0	0%	0	0%

The quality of life of institutionalized elderly, 11(36.7%) had poor, 19(63.3%) had good. Whereas in non-institutionalized elderly, 3(10%) had very poor, 25(83.4%) had poor, 2(6.6%) had good quality of life.

Distribution of Comparison of Level of Stress, Coping Strategies and Quality of Life of Institutionalized and Non-Institutionalized Elderly

Group		Mean	Std. Deviation	Std. Error Mean	T	p-value
Level of stress Total	Institutionalized	17.4	6.616	1.208	-0.093	0.926
	Non-Institutionalized	17.57	7.181	1.311		
Coping Strategies Total	Institutionalized	151.37	27.413	5.005	3.13	0.003
	Non-Institutionalized	129.93	25.604	4.675		
Quality Of Life Total	Institutionalized	79.57	9.369	1.71	5.944	<0.001
	Non-Institutionalized	65.2	9.353	1.708		

The table reveals the comparison of Level of Stress between Institutionalized and Non-Institutionalized elderly, Non-Institutionalized elderly is having more Level of Stress where the mean value of Institutionalized elderly was (17.4) and Non-Institutionalized elderly (17.57).

On Comparison of the Coping strategies between Institutionalized and Non-Institutionalized elderly, Institutionalized elderly was having good coping than the Non-Institutionalized elderly as the mean value of Institutionalized elderly (151.37) and Non-Institutionalized elderly (129.93) which was statistically significant at $p < 0.001$.

On Comparison of the Quality of life, Institutionalized elderly was having good Quality of life than Non-Institutionalized elderly by the mean value of Institutionalized (79.57) and Non-Institutionalized elderly (65.2) was Statistically Significant at $p < 0.001$.

On Comparison of the Level of Stress, Coping strategies and Quality of life of Institutionalized and Non-Institutionalized elderly, Institutionalized elderly were having Mild Stress, Good Coping strategies and Good Quality of life.

Distribution of Correlation of Level of Stress, Coping Strategies and Quality of Life of Institutionalized Elderly

Institutionalized		Stress Level	Coping Strategies	Quality of Life
Stress Level	Pearson Correlation	1		
	p-value			
Coping Strategies	Pearson Correlation	0.124	1	
	p-value	0.514		
Quality of Life	Pearson Correlation	0.222	.419	1
	p-value	0.238	0.021*	

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

Table shows that there was a Significant Correlation between Coping strategies and Quality of life of Institutionalized elderly as their p-value 0.419 because coping of an individual to overcome his stress will enhance the quality of life.

Distribution of Correlation of Level of Stress, Coping Strategies and Quality of Life of Non-Institutionalized Elderly

Non-Institutionalized		Stress Level	Coping Strategies	Quality of Life
Stress Level	Pearson Correlation p-value	1		
Coping Strategies	Pearson Correlation p-value	0.289 0.121	1	
Quality of Life	Pearson Correlation p-value	-0.024 0.901	.571 0.001**	1

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

Table shows that there was a Statistically Significant Correlation between Coping strategies and Quality of life of Non-Institutionalized elderly, as their p-value 0.571 because an individual who are able to cope up with their stress will lead a good quality of life.

RECOMMENDATIONS

- A Similar study can be done to assess the level of stress, coping strategies and quality of life of elderly among institutionalized and non- institutionalized residing at rural area.
- A study can be done to assess the non-pharmacological management to reduce the level of stress in institutionalized and non-institutionalized elderly.
- A comparative study can be done to assess the effectiveness of recreational therapy such as gardening, laughter therapy and occupational therapy for both Institutionalized and Non-Institutionalized elderly

CONCLUSION

The study findings revealed that, Institutionalized elderly are having Less Stress, More Coping strategies and Good Quality of life than Non- Institutionalized elderly. Because Institutionalized elderly are having separate roles, daily routines, recreational activities, ventilating with other elderly and avoiding new stressors which contributed their self esteem. Therefore, Non- Institutionalized elderly require the close attention of the family members to ensure their Psychological Well-being thereby reducing Stress.

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BOWEL OBSTRUCTION

