

Problem Focused Coping of Old Age Home Residents as Compared to Domestic Home Residents

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ABSTRACT

The present study aims to investigate the problem-focused coping of old age home residents and own home residents of different ages and gender. The study was conducted on 120 old age male and female subjects of age range 70 ± 10 years. These subjects were taken from senior citizens staying in old age homes (60SS) and in the homes of/with their blood-related son (60SS). Each group of senior citizens further consisted of two groups of age, i.e., 60-67 years (30SS) and 73-80 years (30SS). Each group of age again consisted of two groups of gender, they were male and female with 15SS in each cell. In this way, a 2x2x2 factorial experimental design was employed in the research. A standardized test, i.e., Coping Strategies Scale developed by Shrivastava (2001) was used for measurement of variables under study. Data were collected individually from each subject after taking their consent. Obtained data were statistically analyzed by Mean, SD, and ANOVA. The results indicated that old age home residents, male subjects, and late age elderly people were found to be showing significantly higher scores on problem-focused coping as compared to their counterparts.

Keywords: *Problem-Focused Coping, Old Age Home, Age, Gender*

Gerontology has one of the neglected fields in India for researchers as well as academicians too. India has a very less number of old age people as compared to other countries of the world but the Indian culture in it has been a well-existed value system to care and support the senior citizens under the cultural norm, where women play an important role in care giving the elderly people in families (Piercy (2007). They have respect in the majority of families and better served by their blood-related son, daughter-in-law, or even their grandson's family too. But, in the last few decades, the process of industrialization, migration, urbanization, and westernization has severely affected Indian value systems, consequently lowering the size of joint families, decreased natural support system and irresponsible regard towards old age people has created an emotional loss for the senior citizens (John, 1984).

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Globally older people constitute 11.7% in 2013 and the share of older persons aged >80 was 14%. In India 7.5% population belong to age group above may projected to rise to 12.4% of population by the year 2026 (Panigrahi & Dash, 2015). Aging is a natural process that brings forth so many physiological and psychological ailments with the decline of body functions, efficiency, and unwelcomed health issues that need to be cared for and monitored regularly. As a result, a significant number of elderly people also experience depression, loneliness, and health challenges, and few of them lose their close relationship and connections with their culture of origin and inactively participate in social activities (Singh and Mishra, 2009). Dubey & Bhasin, *et al.* (2011) indicated that mostly elders who stay in old age homes feel that the attitude of younger is unsatisfied and as they no longer gives respect and love to their families Sharps & Prince-Sharps, *et al.* (1998). Willingly or unwillingly, many old age people now like to stay in old age homes instead of their own homes. They justify their decisions with the view that they feel lonely in their home; there is none to look after or talk to them. They have no freedom to take their friends at home and in many situations, they feel embarrassed but have none to listen to. Whereas, they get this type of freedom, care, and social support in old age homes. The pressurized conditions at home bring in them a feeling of disconnection, emotional hardness to their family members and they feel comfortable in staying out of the family (Fahey & Montgomery, *et al.*, 2003).

This was the reason that senior citizens feel lonely among their family members and these conditions increase their problems in multiple. It is often seen that they are treated badly in their own homes, where they had been the head/owner of everything (Misra & Singh, *et al.* (2010). Thus, they have started to feel socially isolated and emotionally insecure within the boundaries of their own house, and sometimes they are just figured as no more than a symbol of frustration, stress, pity, sickness, and despair for their family members. Regarding socioeconomic status, Jones and his colleague (1984) suggested that the most common problem in senior citizens is depression but people are stigmatized to discuss such things and the conditions become worse in the case of higher socioeconomic families as well as in the condition of physical disability and financial stringency (Gjones & Tabassum, *et al.* 2009).

In the present time, the priorities of the family members have changed due to participation of women in financial activities and involvement of young children in computer, internet, and social media and outside of the home has reduced the quality of time being shared with old age people in the family. Nowadays, caregiving is a stressful task and affects the health of caregivers also; it can be more difficult when elders are fully dependent on them (Abd Allah, Mohammed, & Ahmed, 2017).

Coping mechanisms are ways in which external or internal stress is managed, adapted to, or acted upon. Folkman & Lazarus, *et al.* (1984) defined coping as *constantly changing cognitive and behavioral efforts to manage specific external and or internal demands that are appraised as taxing*. In psychology, also means to invest own conscious effort to solve personal and interpersonal problems, and try to master, minimize or tolerate stress and conflict. Suresh (2019) indicated that the development of effective coping can be essential for psychological and physical health. Billings and Moos (1984) classified three types of coping mechanisms, they include emotion-focused coping, appraisal-focused or cognitive coping, and problem-focused

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coping is about trying to deal with the stressor itself to avoid the stress response it is causing. Finding practical ways to deal with stressful situations, i.e., putting other activities on hold to concentrate on and cope with stressor/wait to act until the appropriate time/seeking concrete advice assistance, or information (Namkoong & DuBenske, 2012).

Elderly people have multiple issues related to coping. The stress-causing factors in their life include health, lowering energy level, poor immunity, decreased cognitive abilities, poor social support, feeling of loneliness, insecurity to life, emotional distress, and so on (Graham & Christian et al., 2006). They need consistent coping mechanism to be used in daily life. They have the rigidity to accept new ideas and learn new ways of living is another issue they need coping to handle the routine stress of modern life (Rubio & Dumitrache, *et al.*, 2016). Kuria (2012) suggested that elder people prefer to use adaptive and active strategies in stressful conditions. From the above discussion, it is clear that elderly people need coping but what type of coping they use when they are forced to stay in an old age home or staying in the house of their blood-related son.

METHOD

The main objective of the present research was to study the effect of gender and age on the cognitive coping mechanism in senior citizens of old age home and domestic home residents. The study was guided by a two-tailed hypothesis that there will be a significant effect (and interaction effects) of gender and age on the cognitive coping mechanism of old age home and domestic home residents.

Sample

The sample for the study consisted of 120 old age male and female subjects of age range 70 ± 10 . These subjects were randomly taken from old age homes (60Ss) and senior citizens staying with their blood-related sons (60Ss). The two groups of the subject have further consisted of two groups of age, they were 60-67 years (30Ss) and 73-80 years (30Ss). Each group of age again consisted of two groups of gender, they were male and female with 15Ss in each cell. In this way, a 2*2*2 factorial experimental design was employed in the research.

Tools

Following tools were used to gather data for the research:

1. **Personal Information Schedule:** It was used to get subjective and demographic details of subjects required for sampling and discussion.
2. **Coping Strategies Scale developed by Srivastava (2001):** The measure of coping strategies comprises 50 items measuring on a five-point scale. The coefficient of reliability was determined by the split-half method and it was .78 for approach coping strategy and .69 for avoidance coping strategy. The test-retest reliability of the inventory was also calculated. It is found to be .92 (N=76). Concurrent and content validity are used in this scale.

The procedure of data collection

The data was collected individually after the selection of subjects after ethical consent is recorded.

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RESULTS

The obtained data were statistically analyzed by mean, SD, and ANOVA. Obtained results are shown in the following tables and their detailed interpretation and discussion is as follows:

Table 1 F-ratio, SD and Mean Problem Focused Coping Scores for the Groups of Types of Residency, Age and Gender of Old Age Subjects.

Variables	Variability	Mean	SD	F-ratio
Types of Residency	OLD age Homes	71.66	14.88	27.67**
	Heir's House	60.36	13.90	
Age	60-67 Years	63.03	12.18	7.71**
	73-80 Years	69.00	17.69	
Gender	Male	69.11	15.82	8.33**
	Female	62.91	14.47	

**F^{.99}(1,112)=6.90, *F^{.95}(1,112)=3.94

1. Problem-focused coping and Residency

The study of Table 1 indicated that obtained F- value showing a significant effect of residency of senior citizens on problem-focused coping [F (1,112)=27.67; p<.01]. Table-1 also showing that mean problem-focused coping scores of old age home residents (M=71.66, SD=14.85) were significantly higher as compared to own home residents (M=60.36, SD- 13.90). This means that the two groups differ significantly and the directional hypothesis that there will be a significant effect of residency on problem-focused coping of senior citizens.

2. Problem-focused coping and Age

The Table is showing that obtained F-value showing that age was found to be significantly effective on problem-focused coping of senior citizens [F(1,112)= 7.71; p<.01]. The obtained mean scores showing that the senior citizens of 73-80 years of age (M=69.00, SD=17.69) have shown significantly higher mean problem-focused coping scores as compared to 60-67 years of a senior citizen (Mean=63.30, SD= 12.18). Therefore, the directional hypothesis is accepted and it can be said that age significantly influences problem-focused coping among senior citizens.

3. Problem-focused coping and Gender

Table-1 is showing obtained F-ratio for the groups of gender was found to be significantly effective at .01 level of significance [F(1,112)=8.33; p<.01]. Further, it is obtained that the problem-focused coping scores of old age female subjects (M=69.00, SD=17.69) were significantly higher as compared to male subjects (Mean=63.30, SD= 12.18). Therefore, the directional hypothesis is accepted and it can be said that gender significantly influences problem-focused coping among senior citizens.

DISCUSSION

The results indicated that senior citizens staying in the old age home use more problem-solving as compared to the senior citizens staying at their homes. This means that as much as the senior citizens get older and those staying in an old age home use problem solving coping strategies more often than home residents. The reason can be given that the senior citizens of old age

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home, have no resources and close relations to share their emotions and conflicts, so these conditions make them plan and execute before the problem reaches them, consequently, they remain active as compared to senior citizens staying in their homes (Dunar & Nordstom, 2005). In addition to it, they have been experienced struggle, troubles, and crises in the everyday life and keep on thinking that how to solve the problems and cope up with the challenges on the way of old age, but senior citizens staying in their homes are dependent on family members, they may not put many efforts to resolve the issues of life, instead, their family members take care of them or when family members do not take care of their issues, they experience neglect, rejection, and helplessness. The major part would be their acceptance that there is none to help them but subjects staying at their homes do not accept that family members never accept this fact that children will not help. A study indicated that older adults are more problem-focused than adults because they have passed so many years with stressful life events and their solutions (Blanchard & Mienaltowski *et al.*, 2007).

Results Showing that the senior citizen who are at late adulthood use problem focused coping more frequently than young old age people. Aldwin & Sutton (1996) viewed that Different age patterns emerged from the coping interviews vs the checklists, but controlling for type of problem significantly attenuated age differences. The nature of stress may change with age, from episodic to chronic, which in turn affects appraisal and coping processes. In this concern, Birkeland & Natvig (2009) observed that the main coping strategy was to accept the situation, but the acceptance was often coloured by a resigned and passive acceptance. If the elderly tend to be passive and resigned, it can be necessary for the community nurses to have a more active problem-solving approach to these patients, in order to help them creating a daily rhythm with which they can feel comfortable.

The result also indicated that male senior citizens use more problem-solving skills, i.e., logical tricks, and the scientific method to find out the solution of problems and they don't get easily nervous, hesitate, and tense in stressful conditions. Dunar & Nordstom (2005) revealed that a real man is a person that can influence his own life that needs to be attained to make a better life. Folkman & Lazarus (1980) suggested that the psychological theories of coping with stress have recognized differences in psychological development between women and men, and also, showing interest in studying women's lives and the unique circumstances that they face (Banyard & Graham-Bermann, 1993; Kayser, Sormanti, & Strainchamps, 1999).

Miller & kirsch (1987) reported that women and men both use coping strategies to manage the stress but men tend to use more problem-focused coping than women further suggested that women mostly tend to cope up through emotional responses although their tendencies can change according to a different situation. By problem-focused coping people can attempt to modify their eliminating stressful situation cognitively (Folkman & Lazarus, 1980). Researchers have suggested that emotional-focused coping can be effective and problem-focused coping is more associated with psychological stress (Billings & Moos, 1981).

CONCLUSION

So, it can be concluded that gender and age was found to be significantly effective on problem-focused coping of senior citizens. Further, it was obtained that that old age home residents, male

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subjects, and late age elderly people were found to be showing significantly higher scores on problem-focused coping as compared to their counterparts.

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Conflict of Interest

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