Stress and coping in elderly adult

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Abstract

The population is ageing rapidly between 2015 to 2050. According to WHO report (2017) approximately 15% of adults aged 60 and over suffer from a mental disorder. Those elderly have relatives and friends, they helps to ventilate emotions and facilitate the learning of coping with stress. Positive thinking, active social life, exercise and relaxation technique useful to reduce stress.

Keywords: DALY- disability adjusted life year, YLD- Years Lived with Disability, WHO- World health organization.

Introduction

Now a days we all are facing stress. Excessive and chronic stress is harmful for us it can cause physical and mental illness. Stress may be defined as a real or interpreted threat to the physiological or psychological and or behavioral response. It is a bodily or mental tension resulting from factors that tend to alter an existing equilibrium. Stress may be positive or negative. It involves a stressor and a stress response.

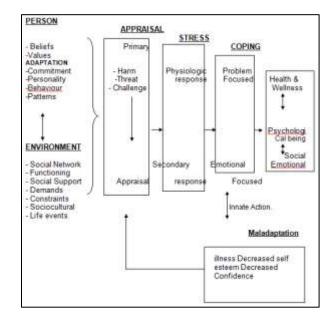
It arises when they worry that they cannot cope. It is the "wear and tear" of mind and body experience an individual attempts to cope his /her continually changing environment stress occur when the pressure is greater then the resources.

The world's population is ageing rapidly. Between 2015 and 2050, the proportion of the world's older adults is estimated to almost double from about 12% to 22%. In absolute terms, this is an expected increase from 900 million to 2 billion people over the age of 60. Older people face special physical and mental health challenges which need to be recognized.

Over 20% of adults aged 60 and over suffer from a mental or neurological disorder (excluding headache disorders) and 6.6% of all disability (disability adjusted life years-DALYs) among people over 60 years is attributed to mental and neurological disorders. These disorders in older people account for 17.4% of Years Lived with Disability (YLDs). The most common mental and neurological disorders in this age group are dementia and depression, which affect approximately 5% and 7% of the world's older population, respectively. Anxiety disorders affect 3.8% of the older population, substance use problems affect almost 1% and around a quarter of deaths from self-harm are among people aged 60 or above.

Appraisal

All stress response are affected by the personal meaning of the situation for example chest pain is stress full to a person not only because of the immediate pain and incapacitation it causes but also because it may mean that the person is having a heart attack. The fear of having a heart attack and dying is part of the stress of chest pain. A given event or situation may be extremely stressful to one person but not to another. Thus the significance of the event actually determines the importance of the person environment relationship.



Stress Etiology (Diathesis)

The terms refer to predisposition or a pre-existing condition that makes person vulnerable to illness. It encompasses biological, psychological and social factors.

Biological Factors

These are hereditary factors history of mental illness in the family, abnormal pre – peri and postnatal conditions, poor nutritional status and poor lifestyles behavior such as alcoholism, smoking, drug addiction etc.

Psychological Factors

This refers to temperament and personality related factors. Traits such as shy, reserved, sensitive, submissive, easily emotionally aroused, rigid etc.

Social Factors

Poor family structure such as broken home, anomalous family situation i.e.(single parent family) socio-economic

status, (extreme poverty/affluence), minority or marginalized etc.

Various twentieth century researchers have contributes to several different concepts of stress. There of these concepts include stress as an environmental events and stress as a transaction between the individual and the environment.

Stress Response

Once a person –environment relationship is established and the person appraises it as threatening, harmful or challenging, an internal stress responses occur. The person has simultaneous physiological response and emotional response.

Physiologic Response

Physiologic Change are automatic and differ based on type of stress, duration and intensity, which will depend on the appraised risk of the situation, the immune system, sympathetic nervous system, cardio vascular and metabolic system are a part of the stress response.

Emotinal Response

- 1. Negative Emotions: Occur when there is a threat to, delay in a conflict between goals: anger, fright anxiety, guilt, shame, Sadness, jealousy etc.
- 2. Positive Emotions: Occur when there is movement toward or attainment of a goal: happiness Pride, relief and love.
- 3. Borderline Emotions: Are somewhat ambiguous: hope, compassion, empathy, sympathy and contentment.
- 4. None Emotions: Cannot emotional reactions but are too ambiguous to fit into any of the preceding Categories: Confidence, awe, confusion & excitement.
- 5. Coping: Refers to the things people do to deal with stress and distress. Coping style are the behaviours that people tend to use more often across situations, which are more stable.

Coping Mechanism

Problem Focused Coping: When action is directed at dealing with the stressor.

Example: A student has to prepare for the exam instead of getting frustrated and panicking setting a time limit for each portion and starts preparing for the examinations.

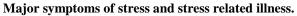
Emotions Focused Coping: When action is directed at dealing with the distress.

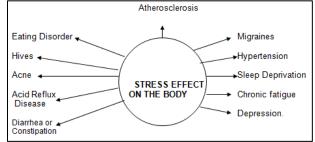
Example: On your first day in the ward, one of the ward supervisors scolds you for an error. Totally upset, you go to the room and cry.

Escap - Avoidance: Coping when person tries to avoid the stressor by escaping from the situation or by denial.

Example: A student has not prepared well for the exam. He misses the exam on a pretext of being ill.

Adaptation: a) Biological b) Social Functioning c) Psychological well being.





Stress Control Stress Control ABC Strategy

A = Awarness: What causes you stress?

How do you react!

B = Balance: There is fine line between positive/negative stress.

How much can you cope with before it become negative.

C = Control: What can you do to help yourself combat the negative effects of stress

Stress Management Techniques

Change your thinking/re-framing

Change your Behaviour

- 1. Be Assertive: Being assertive involves standing up for your thoughts, feeling and beliefs directory, honesty and spontaneously in ways that do not infringe the rights of others.
- 2. Get Organised: Poor organization is one of the most common causes of stress. Structured approaches offer security against 'out of blue' problems prioritizing objectives, duties and activities make them manageable and achievable don't overload your mind.
- 3. Manage Time: Make a list of "What must be done. What should be done" what would you like to do? cut out time wasting. learn to drop un- important activities. Say no or delegate the work.
- 4. Ventilation: "A problem shared is a problem halved" develop a support network through friends or colleagues to talk with. Its not always events that are stressful but how we perceive them. Writing a diary or notes may help release feelings but do not re read what has been written.
- 5. Diversion and distraction: Take time out, get away from things that bother you. Though it does not solve the problem but reduce stress level so you can clam down and think logically.

Change your life Style: Diet: Adopt healthy eating habits, decreased your intake of caffeine (Stimulant) and salt.

Smoking and alcohol: Moderate your Consumption.

Exercise: It uses up excess energy released by the fight of flight reaction, improve blood circulation, lower B.P, Clears the mind of worrying thoughts, improves self image, makes you feel better about yourself, increase social contact.

Sleep: It is a good stress reducer and provides plenty of daytime energy.

Relax: It lowers blood pressure, combats fatigue, promotes sleep, reduces pain, eases muscle tension, decreases mental worries, increases concentration, increases predictability, increases clear thinking

Try Alternatives

- 1. Conventional Medicine
- 2. Counseling and Psychotherapy
- 3. Relaxation
- 4. Meditation
- 5. Massage
- 6. Yoga
- 7. Acupuncture
- 8. Aromatherapy
- 9. Flotation
- 10. Biofeedback
- 11. Homeopathy
- 12. Pet Therapy
- 13. Hypnotherapy
- 14. Reflexology

Stress Management in Elderly Adult

Any real or perceived threat to one's physical, emotional, and social well- being can create stress. The later years of life can include such stressful events as acute or chronic illness, retirement, death of significant others, financial hardship or relocation.

Although the sources of stress may vary, the physiologic outcomes are similar. Stimulation of sympathetic nervous system result release of epinephrine, nor epinephrine, and adrenal glucocorticoids. Prolonged stress can result in serious consequences, including heart disease hypertension, cerebrovascular accidents, cancer, gastric ulcer, Skin problems, complications of underlying disorders and numerous social and emotional problems.

Developmental Tasks of Aging

1. Establishing satisfactory living arrangements.

- 2. Adjusting to retirement income.
- 3. Establishing comfortable routines.
- 4. Maintaining love, Sex and marital relationships.
- 5. Keeping active and involved in other activities.
- 6. Staying in touch with other family members.
- 7. Sustaining and maintaining physical and mental health.
- 8. Finding meaning in life.

Assisting with meeting basic Human needs

Conclusion

The way in which an older person adapts to stress is influenced greatly by personality traits and coping strategies used throughout life. Fostering opportunities to make new friends and maintaining old friendships is especially important. Friendship provide support to the elder in time of stress reinforce a sense of self-worth and provide confidence to overcome obstacles. The elderly should be encouraged to respond to stress in a healthy manner, maintaining a balance of good nutrition, rest and exercise method of relaxation exercises, or involvement in any activity that provides respite from stressful demands.

Conflict of Interest: None.

References

- 1. Townsend, Mary C (Psychiatric mental health Nursing (5 th edition) New Delhi: Jaypee Brothers Page 3,5-9.
- Boyd, Mary Ann, Psychiatric Nursing (Contemporary Pratice) 4th New Delhi Woltens Kluwen Page 2005;222-30
- Shives houise Rebraca, Basic concept of Psychiatric mental health Nursing (7th Ed) New Delhi. Wothers Kluwer page 2009;577-78.
- 4. Black, Joyce m, Medical- Surgical Nursing, 5th edition, New Delhi: Harcourt brace and company, P. Ltd. Page 86. 1998

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