

A DESCRIPTIVE STUDY TO ASSESS THE EMOTIONAL PROBLEMS AND COPING STRATEGIES AMONG SENIOR CITIZENS LIVING IN COMMUNITY AREA

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Abstract

Aging is psychosocially and biologically defined as being older. Aging is a natural and continuous process. It is irreversible changing process. Elderly is a major type of vulnerable group in the society. Older adult hood begins usually between sixty and seventy-five years of age. The population of old age people with sixty plus age is estimated around sixty million in India.

They also suffer from coping ability, social and psychological problems. An aged or geriatric patient is defined as a person whose biological age is advanced. Aging can be characterized as a deterioration of the physiological functions essential for survival and fertility that is time-related. Aging is linked with dominant traumatic life changes and challenges. Psychological and physical loses may daunt older adults to active participation in daily life activities. Old age people have so many problems in physically and psychologically. They have more emotional problems. Old age people can feel insecurity and social isolation and they have so many emotional problems.

Keyowrds Emotional problems, senior citizens

INTRODUCTION

Ageing involves bio-psycho-social alterations contributing to stress in the elderly population. Stress produces negative effect on physical and mental health which overall affects the quality of life. Proper coping is needed to adapt and manage the stress. Elderly in later life face stressful life situations, loss of close ones, retirement, living with lower income status, deterioration in physical and mental capacity. These emotional and behavioural difficulties may pave the way to the disturbance of mental health of elderly. Due to these obstacles, many older adults adapt various coping mechanisms/strategies to face the changes in their lives.

Coping is defined as what people do to try to minimize stress and is commonly seen in health psychology as problem-focused, that is, directed at reducing the threats and losses of the illness, or emotion-focused, namely directed at reducing the negative emotional consequences. "Coping means contending with or attempting to overcome difficulties. Overtime, we develop various skills of thought and behavior i.e. coping skills, that we use to grapple with problems we encounter in everyday life". Hence, this study was designed to assess the emotional problems and coping strategies among Senior citizens living in the Old age home and senior citizens living in the Pallavarmedu.

METHODOLOGY:

Descriptive research design was adopted for conducting this study to assess the Emotional problems and Coping strategies of senior citizens living in a selected village.

SETTING:

This study was conducted among the senior citizens living in Community area-Pallavarmedu at Kanchipuram. The setting was selected based on the availability and feasibility of the sample.

POPULATION:

Population refers to the set of senior citizens of both male and female who are living in the Community area-Pallvarmedu at Kanchipuram.

Target Population:

The target population of this study was Senior citizens living in the Community area- Pallavarmedu, Kanchipuram. Accessible Population:

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The Accessible population of this study includes all the senior citizens living in Community area- Pallavarmedu at Kanchipuram.

SAMPLE AND SAMPLE SIZE:

The sample is a group of people who have been selected from large population to provide data to researcher. The sample comprised of 30 members of both male and female in the selected village.

SAMPLING TECHNIQUE:

Sampling technique is the process of selecting the study sample for the research. For this study the research will adopts Non-Probability purposive sampling technique.

CRITERIA FOR SELECTION OF SAMPLE

Inclusion criteria:

- Both male and female senior citizen among the age group of above 60 years of age.
- Senior citizen who are available at the time of data collection.
- Senior citizen who are willing to participate in the study.
- Senior citizens who knows Tamil and English language.

Exclusion criteria:

- People less than 60 years of age.
- Senior citizens who were living in the outside of the selected village.

SELECTIONOFINSTRUMENTSAND TOOLS:

Section A-Demographic variables.

Section B-Standardised question naire of Depression Anxiety Stress Scales-42

Section C- Standardisedquestionnaire of Brief-Coping Orientation to Problems Experienced Inventory (Brief-COPE)

DESCRIPTIONOFTHETOOL

SECTION A: DEMOGRAPHICDATA

It is deal with demographic variables such as age of the senior citizens, gender, marital status, type of family, educational level, household income, any chronic health condition SECTION -B:Standardised questionnaire of Depression Anxiety Stress Scales-42

The questions were selected and four options were given below each questions. The standardised questionnaire consisted of 42 multiple choice questions, and each questions had four options. The senior citizens were free to choose any one option for each questions. The score was calculated by dividing the total number of obtained score by the total number of maximum scoreand expressed in percentage. Based on the scores the emotional problems of the old age was graded.

SECTION-C: Standardised questionnaire of Brief-Coping Orientation to Problems Experienced Inventory (Brief-Coping)

This section consists of 28 questions of Brief-Coping Orientation to Problems Experienced Inventory (Brief- COPE). The senior citizens were free to choose any one option for each questions.

DESCRIPTION:

- 1.I haven't been doing this at all-1
- 2.A little bit-2
- 3.A medium amount-3
- 4.I have been doing this a

PILOTSTUDY:

Pilot study is a trial study out before a research design is finalized to assist is defining the research questions or to test the feasibility, reliability and validity of the proposed study design.

After obtaining permission from the authority the pilot study was conduct in Community area- Pallavarmedu. We have selected 15 samples for pilot study and the findings are 40% had mild depression and 60% had moderate anxiety and 60% had normal stress level and 66% had average level of coping strategy.

DATACOLLECTIONPROCESS:

The prior permission was obtain from the head of the institution. The community area is arranged for the data collection procedure. After obtaining a consent from the study samples, the samples was selected by using non probability convenient sampling technique. The researchers will collect the demographic data of the sample and administer the standardised questionnaire to assess the level of emotional problems and administered the standardised questionnaireon coping strategies. The samples was informedthattheannyomitywasmaintained. The collected data was data analysed by using descriptive and inferential statistics.

PLAN FOR DATA ANALYSIS:

Data analysis enables the researcher to organize summarize evaluate interpret and communicate numerical information. Data analysis was done by using descriptive and inferential statistics.



Table:1 Frequency and Percentage distribution of Senior citizen based on demographic variables. (N=30)

SI.NO	Demographic Variable	Frequency(F)	Percentage(%)		
1.	Age: 1. 60-69 years 2. 70-79 years 3. 80+ years	12 12 6	40% 40% 20%		
2.	Gender: 1. Male 2. Female 3. Other (please specify)	14 16	46.7% 53.3%		
3.	Marital Status: 1. Married 2. Single 3. Divorced 4. Widow	18 4 1 7	60% 13.3% 3.3% 23.3%		
	Type of family: 1. Nuclear family 2. Joint family	16 14	53.3% 46.7%		
5.	Education Level: 1. Illiterate 2. Primary Education 3. Higher Secondary Education 4. Graduation and above	10 10 7 3	33.3% 33.3% 23.3% 10%		
6.	Household Income: 1. Less than Rs25,000 2. Rs25,000 - Rs49,999 3. Rs50,000 - Rs74,999 4. Rs75,000 - Rs99,999	9 15 2 4	30% 50% 6.7% 13.3%		
7.	Do you have any chronic health conditions? 1. Yes 2. No	23	73.9% 23.1%		



Depicts the frequency and percentage distribution of demographic variables among Senior citizen based on demographic variables. This table consists of age of the senior citizens, gender, marital status, type of family, educational level, occupation, any chronic health conditions.

Percentage distribution of Senior citizens according to their gender group.14 (46.7%) were belong to Male and 16 (53.3%) were belongs to Female. Percentage distribution of Senior citizens according to their Marital status.18(60%) were belong to Married and 4 (13.3%) were belongs to Single and 1 (3.3%) were belong to Divorced and 7(23.3%) were belongs to Widow. Percentage distribution of Senior citizens according to their Type of family. 16(53.3%) were belong to Nuclear family and 14(46.7%) were belong sto Joint family. Percentage distribution of Senior citizens according to their Educational level. 10 (33.3%) were belongs to Illiterate and 10(33.3%) were belongs to Primary Education and 7(23.3%) were belongs to Higher Secondary Education and 3(10%) were belongs to Graduation and above. Percentage distribution of Senior citizens according to their Household income. 9(30%) were belong to Income of less than Rs.25,000 and 15(50%) were belong to Income of Rs.25,000 to Rs.49,999 and 2 (6.7%) were belong to Income of Rs.50,000 to Rs.74,999 and 4(13.3%) were belong to Income of Rs.75,000 to Rs.99,999. Percentage distribution of Senior citizens according to their Chronic health condition.23 (75.9%) were belong to Yes, they have chronic health condition and 7 23.1%) were belong to No, they didn't have chronic health condition.

Table 2: Showing association of Depression Scores and Demographic variables (N=30

Demographi	c data	Depression levels						Association with depression score			
Variables	Options	Extreme ly Severe	Sever e	Moderat e	Mil d	Norma l	Chi test	Degree of Freedo m	Table value	Result	
Age	60-69 years 70-79 years 80+ years	- - 2	- 2 2	5 4 -	4 6 2	3 -	18.89	8	15.51	Significa nt	
Gender	Male Female Other (please specify)	2	3 1	3 6 -	6 6 -	1 -	4.23	8	15.51	Not Significa nt	
Marital Status	Married Single Divorced Widow	- - 1 1	2 - - 2	3 - 3	10 1 - 1	3	26.42	12	21.03	Significa nt	
Type of family		2 -	3	5 4	6	3	6.01	4	9.49	Not Significa nt	
Educationa I level	Illiterate Primary Education Higher Secondary Education Graduation and above		3 1 -	2 5 2	2 2 5 5	1 2 -	18.45	12	21.03	Not Significa nt	
Household Income	Less than Rs.25,000 Rs.25,000 -Rs.49,999 Rs.50,000-Rs.74,999 Rs.75,000-Rs.99,999	2 - -	3 1	3 6 -	1 7 - 4	- 1 2	35.11	12	21.03	Significa nt	
Do you have any chronic condition?	Yes No	-	-	9	8 4	3	15.09	4	9.49	Significa nt	



Table 3: Showing association of Anxiety Scores and Demographic variables

Demographic data				Anxiety leve	Association with anxiety score					
Variable s	Options	Extremely Severe	Severe	Moderat e	Mild	Norma l	Chi test	Degree of Freedo m	Table value	Result
Age	60-69 years 70-79 years 80+ years	- 2 4	2 2 2	7 8 -	1 -	2 -	18.00 1	8	15.51	Significant
Gender	Male Female Other (please specify)	2 4	3 3 -	7 8 -	- 1	2 -	3.617	8	15.51	Not significant
Marital Status	Married Single Divorced Widow	1 - 1 4	1 2 - 3	13 2 -	1	2 - -	24.19	12	21.03	Significant
Type of family		4 2	4 2	7 8	1 -	2	4.287	4	9.49	Not Significant
Educatio nal level	Illiterate Primary Education	3 2	2 2	6	1 -	-	10.80	12	21.03	Not Significant
	Higher Secondary Education	1	1	3	-	2				
	Graduation and above	-	1	2	-	-				
Househo ld	Less than Rs.25,000	3	4	2	-	-	38.64	12	21.03	Significant
Income	Rs.25,000 - Rs.49,999	1	2	12	-	-				
	Rs.50,000- Rs.74,999	2	-	-	-	-				
	Rs.75,000- Rs.99,999	-	-	1	1	2				
Do you have any chronic conditio n?	Yes No	6 -	5	3	1	2	11.92	4	9.49	Significant

Table 4 :Showing association of Stress Scores and Demographic variables (N=30) $\,$

Demographic	Stress leve	Stress levels						Association with stress score			
Variables	Options	Extreme ly Severe	Sever e	Moderat e	Mild	Norma l	Chi test	Degree of Freedo m	Table value	Result	
Age	60-69 years	-	-	1	1	10	13.02	8	15.51	Not	
	70-79 years	-	1	2	1	8				Significan	
	80+ years	-	1	2	3	-				t	



Gender	Male	-	-	3	2	9	2.278	8	15.51	Not
	Female	-	2	2	3	9				Significan
	Other (please	-	-	-	-	-				t
	specify)									
Marital Status	Married	-	-	2	1	15	25.37	12	21.03	Significan t
	Single	-	-	1	2	1				
	Divorced	-	1	-	-	-				
	Widow	-	1	2	2	2				
Type of family	Nuclear family	-	1	3	2	10	0.49	4	9.49	Not
	Joint family	-	1	2	3	8				Significan t
Educational	Illiterate	-	1	2	1	6	3.32	12	21.03	Not
level	Primary	-	1	1	2	6				Significan t
	Education									
	Higher	-	-	1	2	4				
	Secondary									
	Education									
	Graduation and above	-	-	1	-	2				
Household	Less than	_	1	_	2	6	8.86	12	21.03	Not
Income	Rs.25,000	_	1	_	2	0	0.00	12	21.03	Significan
	Rs.25,000 -	-	1	3	1	10				t
	Rs.49,999									
	Rs.50,000-	-	-	1	-	1				
	Rs.74,999									
	Rs.75,000-	-	-	1	2	1				
	Rs.99,999									
Do you have	Yes	-	1	5	4	13	2.54	4	9.49	Not Significan
any chronic	No	-	1	-	1	5				
condition?										t

Table 5: Showing association of Coping Strategies Scores and Demographic Variables

Demographic data		Level of (Association with coping strategies					
Variable s	Options	Good	Averag e	Poo r	Chi test	Degree of Freedom	Table value	Result	
Age	60-69 years	4	8	-	10.58	4	9.49	Significant	
	70-79 years	2	9	1					
	80+ years		3	3					
Gender	Male	4	8	2	1.38	4	9.49	Not Significant	
	Female	2	12	2					
	Other (please specify)	-	-	-					
Marital	Married	3	15	-	17.18	6	12.59	Significant	
Status	Single	-	2	2					
	Divorced	-	-	1					
	Widow	3	3	1					
Type of	Nuclear family	2	13	1	3.35	2	4.61	Not	
family	Joint family	4	7	3				Significant	
	Illiterate	-	9	1	16.03	6	12.59	Significant	



Educatio nal level	Primary Education	-	8	2				
	Higher Secondary Education	4	2	1				
	Graduation and above	2	1	-				
Househo ld	Less than Rs.25,000	1	6	2	5.07	6	12.59	Significant
Income	Rs.25,000 - Rs.49,999	2	11	2				
	Rs.50,000- Rs.74,999	1	1	-				
	Rs.75,000- Rs.99,999	2	2	-				
Do you have any	Yes	4	16	3	0.47	2	4.61	Not Significant
chronic conditio n?	No	2	4	1				

DISCUSSION

Dataanalysisshowthatfrequencyandpercentagedistribution of demographic variables among senior citizens according to theage, gender, marital status, type of family, educational level, household income, chronic health condition.

Showed that the percentage distribution of Senior citizens according to their age group. 12(40%) were belong to 60-69 years and 12 (40%) were belongs to 70-79 years and 6(20%) were belongs to 80 and 80 above years

Percentage distribution of Senior citizens according to their gender group.14 (46.7%) were belong to Male and 16 (53.3%) were belongs to Female. Percentagedistributionof Senior citizens according to their Marital status.18 (60%) were belong to Married and 4 (13.3%) were belongs to Single and 1 (3.3%) were belong to Divorced and 7 (23.3%) were belongs to Widow. Percentage distribution of Senior citizens according to their Type of family. 16(53.3%) were belong to Nuclear family and 14 (46.7%) were belongs to Joint family. Percentage distribution of Senior citizens according to their Educational level. 10 (33.3%) were belongs to Illiterate and 10 (33.3%) were belongs to Primary Education and 7 (23.3%) were belongs to Higher Secondary Education and 3 (10%) were belong to Graduation and above. Percentage distribution of Senior citizens according to their Household income. 9(30%) were belong to Income of less than Rs.25,000 and 15(50%) were belong to Income of Rs.25,000 to Rs.49,999 and 2 (6.7%) were belong to Income of Rs.50,000 to Rs.74,999 and 4(13.3%) were belong to Income of Rs.75,000 to Rs.99,999. Percentage distribution of Senior citizens according to their Chronic health condition.23 (75.9%) were belong to Yes, they have chronic health condition and 7 (23.1%) were belong to No, they didn't have chronic health condition.

The percentage distribution level of depression according to the severity of depression. In the above table depicts severity of depression and percentage level. Maximum number of the subjects in this study, 40% had mild level of depression lies between score (10-13) and minimum number of subject, 6.67% had extremely severe level of depression lies between score (28+). The percentage distribution level of anxiety according to the severity of anxiety. In the above table depicts severity of depression and percentage level. Maximum number of the subjects in this study 50% had moderate level of anxiety lies between score (10-14) and minimum number of subject had 3.33% extremely mild level of anxiety lies between score (8-9).

The percentage distribution level of stress according to the severity of stress. In the above table depicts severity of stress and percentage level. Maximum number of the subjects in this study 60% had normal level of stress lies between score (0-14) and minimum number of subject had 6.67% severe level of stress lies between score (26-33).

CONCLUSION

The main conclusionof this present study wasto assess the level of Emotional Problems and Coping Strategies among senior citizens living in Community area- Pallavarmedu, Kanchipuram.

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REFERENCES

- 1.TwitchellKT(2003)Bloodbornepathogens.Whatyouneedtoknow-sPart II. AAOHN J 51: 89-97.
- 2.KosgerogluN,AyranciU,VardareliE,DincerS(2004)Occupational exposure to hepatitis infection among Turkish nurses: frequency of needle exposure, sharps injuries and vaccination. Epidemiol Infect 132:27-33.
- 3.Siegel JD, Rhinehart E, Jackson M, Chiarelho L, The Healthcare InfectionControlPracticesAdvisoryCommittee(2007)Guidelinefor isolation precautions: preventing transmission of infectious agents in healthcare settings. Am J Infect Control 35: S64-S164.
- 4.WidmerAF,SaxH,PittetD(1999)Infectioncontrolandhospital epidemiology outside the United States. Infect Control Hosp Epidemiol 20: 17-21.
- 5CentersforDiseaseControl(1988)Update:Universalprecautions for prevention of transmission of human immunodeficiency virus, hepatitis B virus, and other bloodborne pathogens in health-care settings. MMWR Morb Mortal Wkly Rep 37: 377-388.
- 6.Garner JS (1996) Guideline for isolation precautions in hospitals. The Hospital Infection Control Practices Advisory Committee. Infect Control Hosp Epidemiol 17: 53-80.

ISSN: 1972-6325 https://www.tpmap.org/



- 6. JawaidM,IqbalM,ShahbazS(2009)Compliancewithstandard precautions: a long way ahead. Iran J Public Health 38: 85-88.
- 7. PowersD, ArmellinoD, Dolansky M, Fitzpatrick J (2016) Factors influencing nurse compliance

withstandardprecautions. AmJ InfectControl44:4-7.

9.GammonJ,MorgenH(2007)Areviewoftheevidenceforsuboptimal compliance of health care

practitioners to infection control precautions. JClinNurs 17:157-167.

- 10 Talan DA, Baraff LJ (1990) Effect of education on the use of universal precautions in a university hospital emergency department.
- 11. Zhu J, Ji P, Pang J, Zhong Z, Li H, He C, Zhang J, Zhao C. Clinical characteristics of 3062 COVID-19 patients: a meta-analysis. J Med Virol. 2020;92(10):1902–1914.
- 12. Stewart CL, Thornblade LW, Diamond DJ, Fong Y, Melstrom LG. Personal protective equipment and COVID-19: a review for surgeons. Ann Surg. 2020;272(2):e132–e138.
- 13. Chou R, Dana T, Jungbauer R, Weeks C, McDonagh MS. Masks for prevention of respiratory virus infections, including SARS-CoV-2, in health care and community settings: a living rapid review. Ann Intern Med.
- 14. Legido-QuigleyH,Mateos-GarcíaJT,CamposVR,Gea-SánchezM,MuntanerC,McKee
- M. The resilience of the Spanish health system against the COVID-19 pandemic. Lancet Public Health2020;5:e251-2. doi:10.1016/S2468
- 15. China NHC. Answering to the call, 42000+ HCPs threw down their gauntlets and joined the unitedfightagainst thedeadlyvirus.: http://www.nhc.gov.cn/wjw/mtbd/202003/e0d5f8a773b54fc39113988dbcb19136.shtml. [Accessed on 23 May 2020] [in Chinese].
- 16. WorldHealthOrganization.Cleanhandsprotect againstinfection. https://www.who.int/gpsc/clean_hands_protection/en/[Accessed on 20 May 2020]



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https://www.tpmap.org/

17. NipponHosoKyokai(NHK)Featured Website: https://www3.nhk.or.jp/news/special/coronavirus/data/

Novelcoronavirus disease.

- 18. CDCCOVID-19ResponseTeamCharacteristics ofhealthcarepersonnel withCOVID-19— United States, February 12-April 9, 202S0. MMWR Morb Mortal Wkly Rep. 2020;69:477–481
- 19. Kutsuna S. Coronavirus disease 2019 (COVID-19): research progress and clinical practice. Global Health & Medicine. 2020;2:78–88
- 20. World Health Organization . 2020. Rational use of personal protective equipment (PPE) for coronavirus (COVID-19): interim guidance.https://apps.who.int/iris/handle/10665/331498 [Google Scholar]
- 21. CDC COVID-19 Response Team Characteristics of Health Care Personnel with COVID-19 United States, February 12-April 9, 2020. MMWR Morb Mortal Wkly Rep. 2020; 69: 477-481
- 22. Kambhampati AK O'Halloran AC Whitaker Met al. COVID-19-associated hospitalizations among health care personnel COVID-NET, 13 States, March 1-May 31, 2020. MMWR Morb Mortal Wkly Rep. 2020; 69: 1576-1583
- 23. FischerWAHynesNAPerlTM.ProtectinghealthcareworkersfromEbola:personal protective equipment is critical but is not enough. Ann Intern Med. 2014; 161: 753-754
- 24. Warshaw EM Schlarbaum JP Silverberg JI et al.Safety equipment: when protection becomes a problem. Contact Derm. 2019; 81: 130-132
- 25. Barendregt JJ Doi SA Lee YY Norman RE Vos T. Meta-analysis of prevalence. J Epidemiol Community Health. 2013; 67: 974-978