Correlation between Stress and Anxiety onGeriatric Population Geriatric Population LivingIn Pondicherry

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Abstract

Ageing is an inevitable developmental phenomenon bringing along a number of changes in the physical, psychological, hormonal and the social conditions. Define ageing in terms of the biology; referring to "the regular changes that occur in mature genetically representative organism living under reprehensive environmental conditions as they advance in chronological age." old age has been viewed, as problematic period of one's life and this is correct to same extent. The aged become increasingly dependent on others. The main purpose of this study to find out the correlation between stress and anxiety among geriatrics living in selected villages at Puducherry. The total 450 sample have been selected based on inclusion and exclusion criteria. The research tool stress (PSS) and anxiety (GAS) scale was used and test was applied to identified the correlation between stress and anxiety by correlation coefficient method. Result reveals that significance of positive correlation of stress and anxiety among geriatrics living in selected villages at Puducherry. Age is main risk factor to increase the level of stress and anxiety compare to young age group.

Introduction

Population ageing is a global phenomenon. The several changes in daily life resulting from the aging process, due to physical, mental or social alterations elderly subjects' experience, become a threat to bio psychosocial equilibrium, thus constituting a stress factor that is capable of stimulating behavioural and neuronegetative responses as an adaptation to stressor events. The current definition of stress comprises an adaptive physiological response to a female married with family support given environmental or internal demand posed on the subject organism, being the stressor the factor that triggers stress activation, while stress reactivity is the response set mobilized by the organism.

The elder persons in the society face a number of problems due to absence of assured and sufficient income to support themselves for their healthcare and other social securities. Loss of a social role and recognition, and non-availability of opportunities for creative and effective use of free time are also becoming a matter of great concern for elderly persons. The trend clearly reveals that ageing will emerge as major social challenge in the future; and vast resources will be required towards the support, service, care and treatment of the elderly persons.

Loneliness is a can result in the development of high morbidity and mortality indicators, as it is a threatening condition for the health of the elderly, as it which in turn affect both health services users and the Health system of each country (Victor 2005, Tiwari 2013, Christiansen et al 2016). Steptoe et al (2013) reported that loneliness and social isolation were positively associated with increased mortality in the elderly. Dahlberg and McKee (2014) reported that

7.7% of the elderly developed severe or very severe loneliness, while 38.3% moderate. In addition it was found that social and sentimental loneliness ranged at 19.3% of the study population.

Need for the study

The world ageing population by 2050, the people aged 60 and over is expected to reach 2 billion or 21% of the total global population. Today over 60% of the world's older persons 60 and over live in the developing world. This figure is expected to rise to 85% by 2050.

India's current older population of 60 million is projected to exceed 227 million in 2050, an increase of nearly 280% from today.

Globally, 15% of the aging population is suffering from mental disorders, and stress is one major mental health problem influencing a substantial proportion (10–55%) of the old age population. The prevalence of stress and anxiety among the old age population is moderately increasing and expected to reach double in the next one decade.

As per the 1991 census, the population of the elderly in India was 57 million as equated with 20 million in 1951. There has been a sharp rise in the number of aging persons between 1991 and 2001 and it has been expected that by the year 2050, the number of aging people would upswing to about 324 million. India has thus assimilated the label of "an ageing nation" with 7.7% of its aging population being more than 60 years old.

A recent review by Wolitzky-Taylor *et al*. reported the prevalence of anxiety disorders in older adults, ranging from 3.2% to 14.2%. [1] In India, the elderly population (aged 60 years and above) are more than 103 million, i.e. 8.6% of the total population of India. A recent study says that it will reach 12.2% by 2026. For a developing country, this population may pose mounting pressures on various socioeconomic fronts including pension outlays, health-care expenditures, fiscal discipline, and savings levels. Again, this segment of population faces multiple medical and psychological problems.

Stress

A minute of stress is a normal quantity of our daily lives, which can unfluctuating be well of all. Overcoming stressful events can create us stronger. But when the stress is severe or chronic – for example caused by the breakdown of a marriage or partnership, death in the family or bullying – it needs to be dealt with immediately. Symptoms of stress includes decision making misbehaviour, isolation and violence (Ashifa, 2020)

Repeated stress is a major trigger for persistent inflammation in the body. Chronic inflammation can lead to a range of health problems, together with Diabetes and Heart disease.The brain is normally protected from circulating molecules by a blood-brain barrier. But under repeated stress, this barrier becomes leaky and circulating inflammatory proteins into brain.

Research Methodology

Research Approach

The researchers applied quantitative approach was used to collected data from the subjects**.**

Research design

A research design incorporates the most important methodological decisions that the researcher makes in conducting a research study. A research design helps the researcher in

selection of subjects for the study and determines the type of analysis to be used to interpret the data. The selection of research design depends upon the purpose of the study, research approach and variables under study. For the present study, a descriptive design was adopted.

Research Setting

Setting is the physical location and condition in which data collection takes place.

This study was conducted in the selected geographical areas of Narambai-78, Panithittu-170, Manaputtu-148, Eachangadu-60, and Naallavadu-177.

The investigator found that the setting was appropriate to conduct this study

Target Population

The target population for this study was the Geriatric populations living in selected village in Pondicherry

Sample and Sample Size

The sample size was 450 geriatric people residing in selected area of Puducherry

Purposive sampling technique was used for the selection of subjects

Sampling Criteria

1. Inclusion Criteria
   ➢ Geriatric people who are willing to participate in the study
   ➢ Geriatric people who are present during the time of data collection
   ➢ Geriatric people who are 60 years & above
   ➢ Geriatric people who can understand Tamil

2. Exclusion Criteria
   ➢ Geriatric people who are mentally unstable
   ➢ Geriatric people who are not willing to participate study
   ➢ Geriatric people who are not present the time of data collection
   ➢ Geriatric people who can't understand Tamil
   ➢ Subjects which had predominantly commercial activity

Dataanalysis

➢ Data analysis enables the researcher to organize, summarize, evaluate, interpret and communicate numerical information.
➢ The data collected from subjects were compiled and analyzed by using descriptive statistics such as number, percentage, mean and standard deviation to describe the demographic variables.
➢ The inferential statistics such as chi-square and correlation coefficient were used.

Result

Table–1: Frequency and percentage distribution of demographic variables of old age person.

N = 450

Demographic Variables	No.	%
Age		
60 – 69 years	339	`75.3
70 – 79 years	70	15.6

Demographic Variables	No.	%
80 – 89 years	41	9.1
>89 years	-	-
Gender		
Male	248	55.1
Female	202	44.9
Religion		
Hindu	383	85.1
Christian	44	9.8
Muslim	11	2.4
Others	12	2.7
Educational status		
Illiteracy	379	84.2
Primary education	71	15.8
Higher secondary	-	-
Graduation	-	-
Post graduate	-	-
Work status before retirement		
Government job	12	2.7
Self-employment	314	69.8
Coolie	124	27.6
Unemployed	-	-
Marital status		
Married	359	79.8
Unmarried	-	-
Widow	68	15.1
Separated	23	5.1
Income status		
Family support	334	74.2
Savings	-	-
Pension	94	20.9
No income	22	4.9
Support		
Family	349	77.6
Friends	24	5.3
Neighbourhood	34	7.6
No support	43	9.6

Table-1shows that distribution of frequency and percentage among old age people regarding stress and anxiety. Majority of the age have it group between 60 – 69 years of 339(75.3%), 55%of subjects were belongs to male of gender, 85% of subjects were belongs to Hindu of religious status, most of the subjects were goes to illiteracy 84% of educational status, 69% were belongs to self-employability of work status of before retirement, 74.2% subjects were belongs to family support of family income and 77% subjects were have it family support.

Table-2: Correlation between anxiety and stress scores among old age person in a selected community.

N = 450

Variables	Mean	S.D	Karl Pearson's Correlation Value
Anxiety	34.14	18.36	**r = 0.354**
Stress	19.44	9.43	**p=0.0001, S*****

***p<0.001, S – Significant

Table- 2 shows that correlation of stress and anxiety among old age. The r – value is 0.354 it indicates that significance of stress & anxiety, and it reveals about positive correlation of stress and anxiety of subjects.

Discussion

Table – 1 reveals that frequency and percentage of demographical variables among old age person living in selected village at Pondicherry. Majority of subjects were belongs to Hindu, illiteracy, self-employment, married and family support. Table -2 illustrate that correlation of stress and anxiety among subjects. In this present study have it positive correlation of stress and anxiety among old age people. Positive correlation always indicate about one variable(stress) got it increased number of subjects and other variables(anxiety) also be increased. A descriptive cross sectional study was conducted among 450 old age people through purposive sampling technique. There is need organized family support to improve physical and psychological health of elderly. Explorative study can conduct to identify lived in experience of other associated problem among old age.

Nursing implication

- *Geriatric Nursing Practice*

This study helps nurses to deal with the factors that are responsible for anxiety stress and depression among the elderly people and also to help them to get out of it. It also helps to improve the geriatric nursing care.

- *Nursing Education*

Education is a key component in improving the knowledge of an individual. Education in nursing has a vital role to play because the students who are learners today are going to deal with human beings tomorrow. This study helps to educate the students how to take care of the elderly people.

- *Nursing Research*

This study can encourage the other nursing persons to carry out research related to the level of perceived anxiety, stress and depression among elderly people.

- *Nursing Administration*

Nursing administrator plays a vital role in nursing practice. To bring about any changes in nursing, administrator takes responsibilities and faces challenges which helps in improving

standards of nursing and provide quality in old age homes, home visit, health centers and hospitals health care.

Conclusion

The researcher detected that most of our subjects were stressed, and family income, educational status, support are main contributors of stress in the population studied. Stress levels are increasing in females and require early intervention. To address gender disparities in mental health, multiple actions need to be implemented at various levels. In particular, national mental health policies must be developed that are based on an explicit analysis of gender disparities in risk   and   outcome.

Limitations and futurescope

The researcher only studied a specific age group of subjects belongs to family support group and most of the subjects were uneducated. This was a cross-sectional study, hence, this study does not represent the whole population. Utilization of cross-sectional data limits our ability to assess live in experience of psychosocial problem among old age.

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