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Paper Authors

S.NAGAVALI

Ramachandra College of Engineering, Eluru, A.P, India



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IMPACT OF STRESS ON HEALTHY LIFE OF YOUNG PEOPLE

S.NAGAVALI¹

Assistant Professor, Department of CSE, Ramachandra College of Engineering

vali214@gmail.com

ABSTRACT

This study focused on the influence of gender, age and emotion regulation on coping strategies among university students in Botswana. Sixty-four males and 64 females, ranging in age from 18 to 29 years completed the Difficulty in Emotion Regulation Scale and the Coping Strategy Inventory. Female students used wishful thinking and problem-focused disengagement more than male students; however, there were no other significant gender differences in coping strategies. Older students were more likely to use problem-solving, cognitive restructuring and express emotion coping strategies. In addition, problems in emotion regulation significantly predicted problem- and emotion-focused engagement, problem- and emotion-focused disengagement and coping strategies. There was a unique finding that non-acceptance of emotional responses, a type of emotion suppression, was positively correlated with problem solving, cognitive restructuring, expressing emotion, social support, problem avoidance and wishful thinking coping strategies. Cultural context and implications for student well-being and university support are discussed.

INTRODUCTION

Potentially stressful life events affect everyone almost daily. The manner in which people tackle those stressful events depends significantly on whether and how they perceive and respond to the situations. Perhaps owing to this variability in experience, there is no single definition of stress. Early definitions underscored stress as a response to environmental stimuli. Selye's physiological model conceptualized stress as a general response to toxic stimuli regardless of the nature of the stressor or characteristics of the individual experiencing the stress. The corresponding general adaptation syndrome

views stress as progressing through stages of alarm, resistance and exhaustion that could eventually cause harm to one's physiological system by disrupting balance. More recent analysis defines stress as the process where a person and the environment interrelate, thus individuals' unique response to environmental demands and pressures. Lazarus described stress as an active, unfolding process that is composed of causal antecedents, mediating processes and effects. A large body of research on stress and stressful life events reveals that stress can actually be a vital part of an individual's life. Stress is not uniformly



negative for everyone. Research emphasizes that mistakes, obstacles and failures are potential opportunities to learn and build resources for coping with future negative events. Furthermore, chronic stress may potentially lead to positive affect and facilitate a coping process where individuals attempt to make meaning as a way of adapting to the stress. From a physiological perspective, research suggests that acute and chronic stressors produce different outcomes that may potentially compromise or strengthen the immune system against illness and disease. It is possible that previous stress can protect against negative reactions to future stressors.

However, for young people and students, in particular, stressful life events can weigh and impact heavily on their lives. Students face stressors such as time and financial management difficulties, sleep deprivation, social conflicts, and dating and relationship uncertainty that may jeopardize their academic performance. Significant life events and more common stressors during the adolescent period have been linked to behavior and more serious mental health problems. The physical and psychological impact of stressful events can also disrupt one's developing identity long after the event is over.

While unhealthy responses develop when the demands of a stressor exceed one's coping capabilities, individuals vary greatly in their response to stressful situations. Stress activates numerous coping mechanisms, including assessment and management of emotions. According

to Gross (2008), emotion regulation is a process by which an individual is able to modulate his or her emotional experiences, unconsciously or consciously. It encompasses the ability to filter emotions and engage in healthy emotion management strategies and provides additional information about how individuals adapt to internal and external stressors. Difficulties in emotion regulation may be related to unhealthy coping. Therefore, it can be conceptualized as an important part of the coping process.

EXISTING METHOD

The transition to university life is a stressful period for young adults. Roles shift, identities change and additional stressors make college students particularly prone to stress. Students are often attending school away from their homes and must meet expectations that they achieve academically while managing a host of interpersonal and environmental changes. Stressors do not stop at the early transitional period, but continue throughout the university tenure as other expectations and pressures emerge, such as employment, long-term romantic relationships and other adult roles. Students encounter life stressors such as adjustment to college, death of close family members or friends, difficulty with roommates, pregnancy, sexual and relationship problems, bereavement, social isolation, increased workload at school and many other stressful life events. All these tasks require an individual to adopt new roles and make adjustments to old ones. In general, life events research reveals a pessimistic view

about stress, but the positive effects of stress also need attention. It is important to recognize theories that some stress can be helpful and adaptive. Jang and William, highlighted that life events research has evolved from early models that regarded life changes as essentially stressful and having similar impacts on most people to more complex models that accentuate individual differences and variability in both response style and vulnerability.

PROPOSED METHOD

Theoretical and empirical evidence abounds indicating the influence of gender, age and emotion regulation on coping strategies. Lawrence, Ashford, and Dent examined gender differences in coping strategies and their impact on self-esteem and academic attainment. They found significant differences between coping strategies used by males and females, where males exhibited greater tendency to detach themselves from the emotions of a situation and be emotionally inhibited while females achieved at significantly higher level than males. Examining gender differences in perceived stress and coping styles, Day and Livingstone found that women perceived three out of five scenarios presented to them as more stressful than men. In addition, women reported more frequent use of social and emotional support to cope. Other findings revealed that male students more negatively evaluated their university's social campus climate. Li, DiGiuseppe, and Froh discovered that, among adolescents, girls used emotion-focused and ruminative coping styles, which were associated with

higher levels of depressive symptoms, whereas boys used problem-focused and distractive coping styles that were associated with masculinity and lower levels of depressive symptoms. According to Zimmer-Gembeck and Skinner, instead of seeking social support like adolescent girls tend to, adolescent boys prefer direct problem solving, distraction, avoidance or disengaging.

METHODOLOGY

Study design:

This was a cross-sectional study carried out between January and April 2017 in Muang District, Phayao Province of Thailand.

Sample size and selection:

The study sample size was calculated by using confidence level of 95%, the coefficient of the error = 5% and population proportion of 0.05. Hence, 403 elderly people were interviewed in this study by simple random sampling method from a list of promoting hospitals¹ registering elderly patients. Our tool was based on Pender's theory of health promotion model and stress assessment. We included male and female elderly persons who were above 60 years old, living in the study area for more than one year and able to communicate. However, those who were admitted with other associated diseases were excluded in this study.

Data collection:

Data collectors were trained and briefed on the study prior to conducting this survey. Face to face interviews of 40 minutes per participant were conducted. There were three parts of the questionnaire; socio-

economic characteristics (age, sex, income, education, marital status etc), the stress assessment test composed of 20 items from Suangprung Stress test-20, and the stress management score (10 items may rating scale on four point Likert scale). The stress management section was adapted to the elderly community with questions pertaining to the following; “Feeling desperate in life”, “Cannot stay focused”, “Cannot sleep due to stress or overthinking”, and “Muscle pain in the back or shoulders”. The mean score was calculated from their responses; less stress (0 – 23), moderate stress (24 – 41), high stress (42 – 61) and severe stress (>62). The total scores were divided into three levels including low scores (0–30), moderate scores (31–39) and high scores (40–50). The questionnaire was piloted and pretested on 35 elderly living in outside from the study area with similar settings. Cronbach’s alpha coefficient of the questionnaire was calculated as 0.80 and content validity, a KuderRichardson 20 coefficient, was assessed as 0.79.

Statistical Analysis:

Data was analyzed using SPSS Statistics version 20.0. Descriptive and multiple stepwise linear regression analysis was used to investigate the potential predictors of stress among the elderly. The analysis we put in the model 1 is alcohol consumption and the model 2 is present illness like; hypertension, musculoskeletal disorders and diabetes as these were the main variables as per our objectives. The level of significance for all statistical tests was set at $p\text{-value} < 0.05$.

Carrier Key Assumption:

Our findings are consistent with a previous study, further according to the wear and tear theory, when the elderly population are experiencing poor physical and mental health, they would more likely to develop anxiety. Chronic diseases and economic problems are the major causes of stress among the elderly. Moreover, long term stress and anxiety can also lead to depression and suicidal tendencies among the elderly. Studies in South Korea and Denmark found that higher levels of perceived stress were associated with higher mortality^{18–20}. More than half of the elderly participants had a low level of stress management and were living with their grandchildren with their children working other areas. Hence, the elderly had to take care of all responsibilities including household, grandchildren and financial support to the family. These responsibilities would tend to develop stress and anxiety among elderly. These findings are similar to a study showing emotional tension was a major contributing factor leading to mental health problems among the elderly. In the present study, the two main factors associated with stress among the elderly were alcohol consumption and present illness. Stressed elderly individuals usually prefer alcohol to achieve mental relaxation. Research shows that negative feelings including stress, disappointment, hatred and unsuccessful can lead to drinking behavior. Previous research show a strong positive correlation between stress and drinking alcohol, especially among the elderly

population. Moreover, present illness is a predictive power of stress among the elderly where current illness could influence daily life activities. Mental health problems and living in a stressful condition could impact their physical health, sleeping and quality of life. The literature compliments our findings that chronic illnesses might affect the level of stress among elderly people. A study performed on elderly people living with hypertension showed that there was a statistically significant relationship between chronic illness and stress²⁶. Our findings are also consistent with a study on elderly people with diabetes leading to anxiety and stress, ultimately developing depression among this aging population.

RESULT AND DISCUSSION

Socio-economic factors		
Variables	Categories	N (%)
Age (min= 60, max= 89, mean= 68.04, S.D= 7)	60-79	376 (93.3)
	≥ 80	27 (6.7)
Gender	Male	132 (32.8)
	Female	271 (67.2)
Education	No education	250 (62.0)
	Higher than primary school	153 (38.0)
Marital status	Single (widowed/divorced/separate)	205 (50.9)
	Married	198 (49.1)
Income (per month US\$)	≤100	294 (73.0)
	≥101	109 (27.0)
Present illness among elderly (252 out of 403)		252 (62.5)
Hypertension		131 (52.0)
Musculoskeletal diseases		73 (29.0)
Diabetes mellitus		48 (19.0)
Living arrangement	Living alone	125 (31.0)
	Living with family (Spouse and / or children)	278 (69.0)
Alcohol consumption	Never consumed	220 (54.6)
	Has consumed	183 (45.4)
Smoking status	Non-smoker	293 (72.7)
	Smoker	110 (27.3)

Table 1. Socio-demographic characteristics of elderly (n=403)

The mean age of study participants was 68 ± 7 , and more than half (67%) of participants were women. About half (50%) of the participants were single, having no education (62%), received monthly income less than 100 US\$ (73%). Present illness was defined as having a chronic illness at time of sampling (Hypertension, musculoskeletal disease and hypertension). Around two thirds (63%) of the respondents reported a present illness; hypertension (52%), musculoskeletal disorders (29%), and diabetes mellitus (19%). About two thirds (69%) of participants lived with family members. Almost half of participants consumed alcohol (45%) and 27% smoked cigarettes (Table 1).

Table 2 shows stress levels among elderly people during the last three months as calculated using the Suangprung Stress test-20 stress assessment test. Almost half of these participants experienced a moderate level of stress (43%). Around 34% experienced a high level of stress and 18% had a low level of stress. In term of stress management during the last three months, the results showed that more than half of participants had a low level of stress management (59%), followed by moderate and high levels of stress management (33% and 8%, respectively) (Table 3).

Table 2. Number and percentage of stress level among elderly as calculated using the Suangprung Stress test-20 stress assessment test (n=403).

Stress	n	%
Low level (0–23 scores)	74	18.3
Moderate level (24–41 scores)	172	42.7
High level (42–61 scores)	137	34.0
Severe level (≥62 scores)	20	5.0

Table 3. Number and percentage of stress management level among elderly (n=403).

Stress management	n	%
Low level (0–30 scores)	238	59.1
Moderate level (31–39 scores)	133	33.0
High level (40–50 scores)	32	7.9

Relationship between personal factors and stress among elderly people

There was statistically significant relationship between alcohol consumption and present illness with stress levels, as calculated using the Suangprung Stress test-20 stress assessment test (Table 4). The stress scores is 2.95 points higher (b coefficient, Table 5) than the elderly who drink alcohol than those who did not use alcohol. This indicates use of alcohol among elderly is positively associated with their current illness, likely due to their perception that the alcohol will help with mental relaxation. In contrast, if the elderly continue consuming alcohol, the present illness will result in increased stress for the participants. (Table 5).

Table 4. Multiple linear regression analysis of alcohol consumption (model 1) and present illness (model 2).

Source Variance	df	SS	MS	F	p-value
Model 1					
Regression	1	1021.555	1021.555	8.155	<.01
Residual	401	125.262	125.262		
Total	402	51251.752			
Model 2					
Regression	2	1526.017	763.008	6.138	<.01
Residual	400	49725.735	124.314		
Total	402	51251.752			

Model 1 R = 0.141, R² Square = 0.020, S.E = 11.192, n = 403, Model 2 R = 0.173, R² Square = 0.030, S.E = 11.149, n = 403

Table 5. Constant and regression coefficient of alcohol consumption and present illness.

Variables	b	SE.	Beta	t	p-value
Model 1					
Constant	38.573	0.755	-	51.119	<0.001
Alcohol consumption	3.198	1.120	.141	2.856	<0.001
Model 2					
Constant	37.230	1.005	-	37.063	<0.001
Alcohol consumption	2.952	1.122	0.130	2.630	<0.01
Present illness	2.325	1.154	-100	2.014	<0.05

Present illness: no (0), yes (1); Alcohol consumption: no (0), yes (1). * = significant p-value

CONCLUSION AND FUTURE WORK

This study provides an understanding of current mental health situations and factors affecting stress, such as alcohol consumption and illness, of elderly people living in rural communities of Thailand. Non-communicable diseases including hypertension, diabetes, and musculoskeletal disorders are the leading factors shown to develop stress and anxiety. In the present study, the majority of elderly people had moderate and high levels of stress during the last three months. This level of stress among the elderly population could negatively affect their health and well-being. Other studies elsewhere have shown stress's

drafting effects, indicating that stress would directly affect mental and physical status among the elderly. This indicates use of alcohol among elderly is positively associated with their current illness, likely due to their perception that the alcohol will help with mental relaxation. In contrast, if the elderly continue consuming alcohol, the present illness will result in increased stress for the participants.

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