

The Elderly and the Determinants of Stress

¹Fayola Issalillah, ²Nur Aisyah

¹Maulana Malik Ibrahim Malang State Islamic University, Indonesia

²Universiti Sains Islam, Malaysia

ARTICLE INFO

Article history:

Received 13 December 2021

Accepted 10 January 2022

Published 20 January 2022

Key words:

Stress,

Elderly,

Individual factors,

Environmental factors,

Physical and psychological decline.

ABSTRACT

The adult phase or the productive phase of a person is spent with various activities both for work or socializing with friends or friends. Generally, someone will prepare for retirement only in the financial sector, not in other social aspects. Many of the elderly feel unappreciated and lonely. Situations like this will usually cause stress in the elderly. As a result of stress in general, if it cannot be overcome by the elderly, it can cause the elderly to experience physical decline. Therefore, this study was conducted to determine the source of stress in the elderly. This research is descriptive qualitative research because this research presents descriptive data about the factors that cause stress in the elderly. From research conducted, the elderly experience stress due to changes in the way of life they go through. Many routines with excellent physical conditions are a dream for the elderly. Some of the elderly who do not have financial stability still have to carry out their routine activities without being supported by good physical conditions.

INTRODUCTION

The phases of life experienced by humans consist of phases of infants, toddlers, children, adolescents, adults, and the elderly. In the adult phase, a person will be preoccupied with dense work situations and social relationships. The adult phase or the productive phase of a person is spent with various activities both for work or socializing with friends or friends. Generally, someone will prepare for retirement only in the financial sector, not in other social aspects. Hurlock (1980) also describes two other changes that must be faced by elderly individuals, namely social changes and economic changes so that everyone needs to prepare for them.

Thus, the social changes that occur in the elderly, although they have decreased, but these occur alternately. As there is decreased activity, related physical abilities can be replaced with new activities independent of using physical energy. The loss of social roles can be replaced with new roles. Likewise, decreased social participation can be replaced by increasing participation in different fields.

Aging that occurs in humans is unavoidable and will definitely happen. The elderly shows a greater physical decline than in previous age periods and are susceptible to certain diseases related

to their physical decline which begins to weaken and become sickly (Santrock, 2002), although in fact there are also healthy and productive elderly people (Nevid, 2003). Not everyone who enters old age is ready to face this phase. Many of the elderly feel unappreciated and lonely. Situations like this will usually cause stress in the elderly. (Rahman, 2016).

Stress is a physiological and psychological reaction that occurs when a person feels an imbalance between the demands faced and the ability to cope with these demands. Stress can be said to be a symptom of today's disease that is closely related to rapid progress and changes that require a person to adapt to these changes equally rapidly. Efforts, difficulties, obstacles, and failures in keeping up with the pace of progress and changes give rise to various complaints.

Everyone experiences stress from time to time, feeling constantly pressured to accomplish more in less and less time. Exposure to stress is closely related to painful emotions. (Frasser, 1985) says that stress as a condition of a person is not able to give an appropriate and reasonable response to stimuli that come from the environment or may be able to but with adverse consequences.

* Corresponding author, email address: fayola.issalillah@gmail.com

The elderly is more susceptible to psychological issues and mental health issues, as well as degenerative ailments and chronic diseases. Stress is a serious mental health problem that affects a substantial proportion (10-55 percent) of the aging population worldwide, with 15 percent of this population suffering from mental disorders, such as depression, anxiety, and stress. There is also a high prevalence of comorbid mental health problems among the elderly, especially among those confronting stressful life events such as retirement, physical sickness, and death. Stressful life events are commonly thought to be predictors of physical, psychological, and cognitive decline in the elderly.

STRESS IN THE ELDERLY

In the elderly there is a gradual physical and psychological decline, where the decline in these conditions can cause stress in some of the elderly. Psychosocial problems in the elderly can be in the form of stress, anxiety (anxiety) and depression (Boyle, 2005). These problems stem from several aspects, including changes in physical, psychological and social aspects. Symptoms seen in the elderly can be emotionally unstable, irritable, easy to feel harassed, disappointed, unhappy, feeling lost, and feeling useless. Experts say most of the elderly experience stress in the moderate category.

The impact of the elderly who experience stress is a decrease in the quality of life of the elderly with hypertension (Crawford dan Henry, 2003). As a result of stress in general, if it cannot be overcome by the elderly, it can cause the elderly to experience physical decline. Physical decline occurs because the elderly thinks about and have a bad perception of the changes that occur in them. In addition, the stress experienced by the elderly will have an impact on the surrounding situation such as the family environment.

To avoid the harmful effects caused by stress by the elderly, it is necessary to know the sources that cause the elderly to experience stress. By knowing the source of the cause, it is hoped that a solution can be found to overcome it. Therefore, this study was conducted to determine the source of the occurrence of stress in the elderly.

STRESS DETERMINANTS

Stress occurs due to stimulation from internal and external causes called stressors. This will stimulate the hypothalamic-pituitary-adrenal (HPA) axis, resulting in the release of glucocorticoids. Prolonged stressor stimulation causes glucocorticoids to overflow beyond normal levels so that they become neurotoxic, especially in the hippocampus

and prefrontal cortex. Disorders of the hippocampus affect cognitive abilities and long-term memory while impaired prefrontal cortex will reduce a person's ability in spatial abilities to interact in the surrounding environment (Moore et al., 2020). The shortening of telomere DNA segments, dysregulation of the immune system and an increase in the inflammatory process that occurs during the aging process will worsen the existing condition (D'mello et al., 2015; Casaletto et al., 2018). A study found that the elderly tends to have bodies and brains that are more sensitive to existing stimuli, resulting in an allostatic load associated with comorbidities such as psychological and physical quality in the elderly who are characterized by easily feeling tired, muscle aches, loss of appetite, irritability, and difficulty breathing. concentrating. This can increase the risk of cardiovascular disease and mortality (Gaffey et al., 2016).

Stress in the elderly is caused by two factors, namely individual factors and environmental factors (Sarafino, 1990). Individual factors are factors that come from a person's personality. These factors include intellectual, motivation, and personality characteristics. Meanwhile, environmental factors are conditions that differ drastically when a person is of a productive age with that of an elderly person. This situation consists of physical and psychological conditions called stressors.

Stressors that approach individuals will be perceived and of course will be interpreted differently from one individual to another so that the resulting response will be different (Feldman, 1989). The process of perceiving and interpreting this stressor involves mental processes (cognition) and individual experiences in their lives. This explains explicitly that age differences will affect individual perceptions and meanings of stress. The source of this stress can be caused by oneself, family, and community.

Sources of stress from oneself can occur due to psychological changes. At the productive age, the elderly only has little time to be at home without activities. The routine that was previously carried out was stopped at the age of old age. Moreover, the physical condition that is no longer able to carry out strenuous activities makes the elderly useless. The elderly will consider themselves a burden to their families. This psychological state is not reduced even though they have financial stability. Even though they have enough material, their physical condition is getting worse, causing them to be unable to do the activities they want. This is exacerbated by regret not doing these activities when they are physically better. Stress also comes from

diseases that exist in the body of the elderly. The thought of what happened and the fear of death cause the elderly to stress. The physical changes that are the determining indicators of individual stress levels, in this case the elderly, include: heat, cold, pain, entry of organisms, physical trauma, difficulty in elimination, and lack of food.

Chronic diseases are one of the leading stressors in the elderly, and it is an excellent predictor of stress in this group as the condition interferes with daily life. A study revealed that the elderly with hypertension as a chronic disease had a significant relationship with the incidence of stress (Thongtang & Seesawang, 2014). Another study reported older people with diabetes were more likely to experience anxiety and stress, which can lead to depression (Sulukananuruk et al., 2016). This is associated with an increased risk of stroke, smoking, physical activity, and alcohol. The high proportion of elderly with chronic diseases experience high levels of stress followed by an average level which may be due to the various chronic diseases suffered by the elderly and the physical, emotional, social and financial burdens associated with these diseases (Seangpraw et al., 2019). This requires the role of the family to keep look after their elderly.

The next source of stress is the family environment. The elderly feels more sensitive in their old age, especially with their family circumstances. Small debates that occur in the family will cause stress in the elderly. The busyness of each other family member is interpreted as an attitude of not caring and assuming that the elderly is no longer cared for. For some families who place the elderly in nursing homes that are not good, causing these elderly people to be wasted, especially by not visiting as often as possible.

The next source of stress comes from the community. Relationships with other people who do someone outside the family, provide many sources of stress. Stress can also be triggered by social relationships with other people around them or due to other social situations. For example, the stress of adapting to a new environment, some friends who are no longer there (passed away), decreased function of the sense of sight causing difficulty recognizing places, Musculo-skeletal decline making it difficult to walk and so on. The elderly can also be exposed to stress because of the environment in which they live. Crowded, congested, and noisy environments can be a source of stress. In addition, a dirty, bad environment full of pollution can also make you feel uncomfortable and the mind is always wary of the bad effects of pollution on their health, so that over time it can make the elderly stressed.

The combination of these stresses can have a significant impact on physiological and psychological functioning, resulting in a reduced quality of life (QoL). Cichy et al., (2016) has report that more psychological anguish has been linked to worse QoL among persons aged 60 and up as compared to those with lower reported distress. This has an impact on various aspect, such as social interactions (e.g., personal relationships, sexual activity), psychological health (e.g., self-esteem, negative sentiments), physical health (e.g., activities of daily living, pain, and discomfort) and the environment (e.g., financial resources, home environment). Low QoL has also linked to a greater exaggeration of severe risk factors for morbidity, such as myocardial infarction and stroke, as well as death (Post, 2014; Molden & Maxfield, 2017).

The physical and psychological condition of the elderly makes the elderly cannot avoid stress. It is necessary to minimize stress on the elderly so that the quality of the elderly remains good.

CONCLUSION

The previous description shows the elderly experience stress due to changes in the way of life they go through. High levels of stress indicate their inability to adapt to these changes. Many routines with excellent physical conditions are a dream for the elderly. Some of the elderly who do not have financial stability still have to carry out their routine activities without being supported by good physical conditions.

Diseases that affect the body of the elderly make the activities of the elderly limited. The elderly psychologically has many plans in retirement. However, with the disease, the elderly must follow health rules so that the disease in their body does not worsen. This routine makes the elderly stressed because they always meet the same people every time. Moreover, some of the elderly have a fear of death. In this situation, the elderly is more stressed, which is indicated by no longer having the spirit to heal and irregular emotions. Elderly who experiences stress will experience poor sleep quality. Depression and anxiety often interfere with sleep. A person who is filled with problems may not be able to relax in order to sleep.

The family environment is actually the best environment for the elderly. But the busyness of other family members causes the elderly to feel isolated. Some families place the elderly in nursing homes with the good intention of finding a place that can take care of them and provide a new community for the elderly. But this good intention is sometimes considered an unpleasant

act. Moreover, if the family does not visit the elderly in the nursing home for a long time.

The elderly tends to only be at home with the family environment. They rarely have social relations. Stress in the elderly can arise when they hear that their colleague has died. To avoid that, they choose not to have social relations. To prevent stress in the elderly, the role of the family is needed. Each family member is expected to be able to understand the physical and psychological conditions of the elderly. Family support can be done by providing verbal and non-verbal motivation. In addition, the family can also give simple tasks to the elderly such as gardening. With this activity, the elderly will have confidence because they still have the ability and can be relied on.

REFERENCES

- Boyle, G. (2005). The Role of Autonomy in Explaining Mental Ill-Health and Depression among Older People in Long Term Care Setting. *Journal of Ageing and Society*, 25, 731-748.
- Casaletto, K. B., Staffaroni, A. M., Elahi, F., Fox, E., Crittenden, P. A., You, M., et al. (2018). Perceived stress is associated with accelerated monocyte/macrophage aging trajectories in clinically normal adults. *The American Journal of Geriatric Psychiatry*, 26(9), 952-963.
- Cichy, K. E., Bishop, M., Roessler, R. T., Jian, L., & Rumrill, P. D., Jr. (2016). Non-vocational health-related correlates of quality of life for older adults living with multiple sclerosis. *Journal of Rehabilitation*, 82(3), 36-44.
- Crawford, J. R & J. D. Henry. (2003). The Depression Anxiety Stress Scale (DASS): Normative data and latent structure in a large non-clinical sample. *British Journal of Clinical Psychology*, 42, 111-113.
- D'Mello, M. J., Ross, S. A., Briel, M., Anand, S. S., Gerstein, H., & Pare, G. (2015). Association between shortened leukocyte telomere length and cardiometabolic outcomes: Systematic review and meta-analysis. *Circulation: Cardiovascular Genetics*, 8(1), 82-90.
- Feldman, R.S. (1989). *Adjustment, Applying Psychology in A Complex World*. Mc. Graw-hill, New York.
- Frasser, T.M. (1985). *Stres dan Kepuasan Kerja*. PT. Pustaka Binaan Presindo. Jakarta.
- Gaffey, A. E., Bergeman, C. S., Clark, L. A., & Wirth, M. M. (2016). Aging and the HPA axis: Stress and resilience in older adults. *Neuroscience & Biobehavioral Reviews*, 68, 928-945.
- Hurlock, E. B. (1980). *Developmental Psychology*. 4th Edition. McGraw-Hill, New Delhi.
- Molden, J., & Maxfield, M. (2017). The impact of aging stereotypes on dementia worry. *European Journal of Ageing*, 14(1), 29-37.
- Moore, R. C., Straus, E., & Campbell, L. M. (2020). *Stress, mental health, and aging*. In N. Hantke, A. Etkin, & R. O'Hara (Eds.), *Handbook of mental health and aging: Third edition* (pp. 37-58). Academic Press.
- Nevid, R. G. (2003). *Psikologi Abnormal*. Erlangga. Jakarta.
- Post, M. W. M. (2014). Definitions of quality of life: What has happened and how to move on. *Topics in Spinal Cord Injury Rehabilitation*, 20(3), 167-180.
- Rahman, S. (2016). Faktor yang Mendasari Stres pada Lansia. *Jurnal Pendidikan Indonesia*, 16 (1), 1-7.
- Santrock, J. W. (2002). *Life Span Development Perkembangan Masa Hidup* (terjemahan). Erlangga. Jakarta.
- Sarafino, E.P. (1990). *Health Psychology: Biopsychosocial Interaction*. John Wiley & Sons Inc. New York.
- Seangpraw, K., Auttama, N., Kumar, R., Somrongthong, R., Tonchoy, P., & Panta, P. (2019). Stress and associated risk factors among the elderly: a cross-sectional study from rural area of Thailand. *F1000Research*, 8, 655. 1-14.
- Sulukananuruk, C., Jaisanook, W., & Muktabhant, B. (2016). Association of depression and stress with HbA1c level of Type 2 diabetic patients attending the diabetes clinic of Nampong Hospital, Khon Kaen Province. *Srinagarind Medical Journal*, 31(1), 34-46.
- Thongtang, P., & Seesawang, J. (2014). Lived experience of Thai older people living with hypertension. *J of The Royal Thai Army Nurses*, 15(3), 288-95.
- Valizadeh, R., Sarokhani, D., Sarokhani, M., Sayehmiri, K., Ostovar, R., Angh, P., & Malekzadeh, M. (2016). A study of prevalence of anxiety in Iran: Systematic review and meta-analysis. *Der Pharma Chemica*, 8(21), 48-57.
- Veenhoven, R. (2008). Healthy Happiness: effects of Happiness on Physical Health and The Consequences for Preventive Health Care. *Journal Happiness Study*, 9, 449-469.
- World Health Organization. (2016). *Mental health and older adults*. Geneva.