

Stress-Management Methods of the Community-Dwelling Elderly in Hong Kong: Implications for Tailoring a Stress-Reduction Program

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This study aims to explore the preferences of the elderly in adopting five stress-management methods and to identify the reasons for nonadoption. A convenience sample of 212 community-dwelling elders age 60 or older was obtained from four multiservice centers for the elderly in Hong Kong. The findings suggest that the elderly prefer to manage stress on their own rather than rely on social support from family, friends, and professionals. The notion of saving face in the Chinese culture and an inadequate supply of social support are possible explanations why the elderly do not like to seek help from others to reduce stress. This study offers a model for a stress-reduction program for community-dwelling elderly people in Hong Kong to enhance their ability to cope with stress. (*Geriatr Nurs* 2004;25:102-106)

The elderly are particularly vulnerable to stress. The high prevalence of emotional distress in the form of anxiety, depression, and suicide among community-dwelling elders in Hong Kong¹⁻⁶ reflects the high levels of stress in this group. This distress underlines the urgent need for effective stress-management methods for the elderly in this city. In tailoring a stress-reduction program for this population, nurses must take into account the methods they adopt for stress reduction. Little, however, is known about this area. The current study thus aims to explore the preferences of community-dwelling elderly people in Hong Kong in respect to five methods of stress management and the reasons for nonadoption. The five methods include:

1. Expressing one's feelings and concerns about stressful events to family members or friends
2. Seeking professional advice
3. Participating in religious activities for religious support
4. Having positive thoughts about stressful events
5. Participating in enjoyable activities

LITERATURE REVIEW

The stress-reduction methods chosen for this study are well documented in the literature.⁷⁻⁹ The first three methods enable individuals to resist stress through social support from family, friends, and professionals, who may provide emotional concern, information, tangible assistance, and affirmation. Recent studies have highlighted the importance of the contribution of support from family and friends to psychological well-being among the Chinese elderly in Hong Kong,¹⁰⁻¹³ as well as the non-Chinese elderly.¹⁴⁻¹⁵

Professional support from social workers, psychologists, and health care providers, for example, is not the source of help that individuals turn to initially. Only when help from family or friends is unavailable or interrupted will individuals turn to professionals. This type of support is a second choice because it is rarely provided continuously and the relationship between professionals and clients tends not to be reciprocal; the former are perceived to display a detached concern to assert their authority over the latter.⁹

Participating in religious activities enables individuals to cope with stress through some of the functions of religion, including a religious framework for understanding and interpreting a stressful situation, resulting in a more positive acceptance of what is happening. Religion offers a sense that the situation is under divine control, and this belief generates hope, optimism, and positive emotions, such as joy and thankfulness. Religion also is frequently accompanied by a social support network involving both family and friends.¹⁶⁻¹⁷ As suggested in recent studies, religious practice contributes to shorter remission for depression in medically ill older patients¹⁸ and a sense of life satisfaction, self-esteem, and optimism in both white and black elders.¹⁹

The empirical evidence on the link between religious practice and well-being in the Chinese community is limited. One study²⁰ reported that the dimensions of helpfulness and consolation of religiosity were positively related

to life satisfaction and negatively related to depressive symptoms in elderly Chinese women.

Thinking positive and good thoughts in response to stressful events is a cognitive coping method that enables individuals to positively reappraise events for the purpose of managing and regulating their emotions. Positive thinking has been found to be an important predictor of depressive symptoms in the elderly.²¹ Participation in enjoyable activities is a method to distract individuals from problems, difficulties, worries, and anxiety, resulting in a temporary reduction of stress.

METHODS

This descriptive survey had a convenience sample of 212 elderly people, age 60 or older, without speech, hearing, or cognition impairments who were recruited from four multiservice centers for the elderly in Hong Kong. The centers are non-government organizations, which are subsidized by the government to provide social and recreational activities, counseling, home help, meals, bathing and laundry facilities, and health education services for community-dwelling elders 60 or older.²² After obtaining informed consent, the researchers collected data through face-to-face interviews with each participant.

The instrument for this study included five dichotomous questions and six open-ended questions (Table 1). The first five questions measured whether the subjects had adopted any of the five stress-management methods when they encountered stressful events. The dichotomous format of questions is comparatively suitable for collecting data from a sample of elders who have slower cognitive functioning and a lower ability to think abstractly. One open-ended question was used to identify other stress-management methods, while five additional open-ended questions were designed to identify the reasons reported by subjects who did not use the five identified methods.

RESULTS

A total of 31.6% of the subjects were men (N = 67) and 68.4% were women (N = 145). Their ages ranged between 61 and 92 (mean = 75). The elders' priorities in using the five stress-reduction methods are shown in Table 2. A mere 14.2% (N = 30) used other methods, which included walking around (N = 24, 80%), bathing (N = 3, 10%), volunteering (N = 2, 6.7%), and crying (N = 1, 3.3%).

A content analysis was performed to identify the reasons some elders did not apply any of the five stress-management methods identified. The researcher and a nurse, both experienced in geriatric care, validated the process of analysis with 95% agreement. The reasons cited by the participants to explain why they did not use these methods are listed in Table 3.

DISCUSSION

Social support plays an important role in managing stress.^{23,24} However, the findings suggest that expressing

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