

# Coping Strategies and Psychological Wellbeing of older Adults in Relation to Education

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The present study explored the differences between Psychological Well Being and Coping Strategies used by older adults in relation to their educational qualification. The data was divided into three groups. The participants who were either illiterate or educated up to primary were classified as Minimally Educated; participants educated up till middle and matriculation were included in the Educated group; whereas, participants educated up till FA, BA, MA were classified as Highly Educated. 100 individuals over age 60 years were approached from six old homes. Coping Strategies and Psychological Well Being was assessed through Coping Strategies Questionnaire and Trait Well Being Inventory, respectively. Results, analysed through Analysis of Variance (ANOVA) and Multiple Stepwise Regression, revealed that Highly Educated group used more active practical coping, had higher level of life satisfaction, and reported satisfactory mood level than Minimally Educated group whereas Educated group used more active practical coping than Minimally Educated Group. Education emerged as significant predictor of life satisfaction, whereas, mood level was predicted by active practical and active distractive coping.

*Keywords:* education, life satisfaction, happiness, coping

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The Geriatric population in Pakistan face a number of issues and suffers many losses of psychological, social, and financial in nature. It is a multifaceted challenge of Pakistani society as many changes have been emerging in our society due to modernization and urbanization.

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In Pakistan, one can observe a clear and noticeable turning down of extended family system (Itrat, Tauqui, Qidwai, & Qadri, 2007). Traditionally, it is offspring's responsibility to look after his/her parents. Although extended family system is no longer a norm in Pakistan but still offspring's are responsible for taking care of their parents needs (Salman, 2008). As the family system and norms are deteriorating, therefore, a number of old homes have been developed where elderly population could live their remaining life and get help for their medical problems.

It has been observed that these old homes serve as homes for geriatrics but could not meet their all needs including emotional as well as physical and could not provide full time care. According to Baltes and Baltes in 1990, one feature of thriving aging is the maintenance of well-being (Pinquart & Sorenson, 2001).

The research evidence suggested that there is a positive link between education and health. Ross and Wu (1995) carried out a study to see the relationship between education and health. Results demonstrated that high education is an important source in attaining good health directly through work and economic conditions. Moreover, Ross and Willigen (1997) proposed that well-being is improved by education. They, moreover, reported that higher well-being, lower level of emotional distress and physical distress was found among highly educated.

Psychological well-being refers to a positive psychological functioning and experience (Ryff & Keyes, 1995). Diener, Oishi and Lucas (2003) defined Subjective Well Being as "person's emotional and cognitive evaluations of his or her life." It involves affective and emotional reaction and life's satisfaction. It is important to consider that these evaluations and affects change over the period of time but Psychological Well Being is a stable construct and remains same across the time and during different events of life.

Subjective Well Being is composed of two different components: Affective and Cognitive parts. Affective part consists of the presence of positive affect and the absence of negative effect. The other component is cognitive component which is evaluation of one's life that is based on the information. People compare to which level, their life meets expectations and close to an ideal life (Hoorn, 2007).

Gull and Dawood (2012) found significant difference in Life Satisfaction and Mood Level of elderly across different educational levels. The more the person was educated, the higher his/her well-being. In addition to that, Minh, Huong, Wall, Chuc and Byass (2011) conducted a study and results indicated that lower psychological well-being was found in lower

education level. Moreover, Latiffa, Afiah and Shashikala (2005) explored the Psychological well-being among aged people in Peninsular Malaysia and found out a significant association of number of years of education with the psychological well-being.

Education not only plays its role in psychological well being but it also affects the adaptive capacities and coping strategies of an individual. Moodely (2008) asserts that the coping behaviors vary from adaptive to maladaptive styles and take place as a response to stressors. Coping serves multiple functions. According to Lazarus and Folkman (1984) function of coping is the purpose that coping strategy serves. Effective coping serves many functions and does not only involve much more than problem solving. Mechanic (1974) suggested different coping functions like dealing with social and environmental demands; creating motivation to meet those demands and maintaining a state of equilibrium to direct the energy and efforts towards external demands. He further explained that these coping strategies relate to specific background and circumstances (Lazarus & Folkman 1984).

The literature has also shown a positive relationship between education and use of coping strategies. Roohafza et al. (2009) explored the relationship between life style, SES factors and Coping strategies in a community sample. Results revealed that higher educational level was a significant predictor for adaptive coping strategies. Riaz and Hassan (2010) reported moderate level of well-being in elderly people living in old age homes. Rana and Goraya, (2010) compared elderly people (65-70 years) residing in welfare home with people living in normal home environment on measure of life satisfaction. The findings revealed that social support was important factor that contributed for life satisfaction. However, there was no significant difference in life satisfaction among people living in their homes as compared to those living in welfare homes.

On the basis of literature, it could be concluded that education play its role in psychological well-being of the elderly population. The present research was conducted to explore the role of education in psychological well-being and use of coping strategies by elderly people residing in old homes.

## **Objectives**

- To find out the impact of education on Life Satisfaction and Mood Level.
- To explore the impact of education on Coping Strategies used / adopted by elderly population.
- To explore the predictors of Life Satisfaction and Mood Level for older adults residing in old homes. .

## Hypothesis

- There will be significant differences in Life Satisfaction, Mood Level and Coping Strategies used by older adults residing in old homes across different educational levels.

## Method

### Research Design

The present research followed an ex post facto design.

### Sample

A sample of 100 participants (men = 64, women = 36), above 60 years of age ( $M = 70.17$ ;  $SD = 9.76$ ) were collected from Lahore City. Six different Old Homes of Lahore city such as Edhi Homes; Aafiat; Happy Homes; Darul Kafala; Quaid.e.Azam Musafir Khana Old Home and Shehzad Hasib Old Home were contacted by the researcher to collect data. Participants were compared on three educational levels: Minimally Educated group (Illiterate and Primary) ( $n = 50$ ); Educated (Middle and Matriculation) ( $n = 25$ ); and Highly Educated (FA, BA, MA) ( $n = 25$ ). Overall, greater number of participants living in old homes had their spouse deceased (50%) as compared to participants who were single (24%) and married (21%), respectively. 76% of the older adults in present study had self-referred them to older homes while 65% of them were doing small scale jobs (labourer; farmer; private job etc).

**Inclusion Criteria.** The participants with intact cognitive functioning and orientation were included in the study. They were asked about time, place and person to check the orientation and to assess their level of cognitive functioning. However, the researcher also took some information from the staff about their cognitive functioning. Moreover, participant's who were above age 60 years and living in old homes were added in the study.

### Instruments

Two indigenously developed scales were used in the present study.

**Trait Well Being Inventory.** The translated version of Trait Well Being Inventory was used to assess Psychological Well-Being. Originally, it was developed by Dalbert (1992) and reported alpha reliability of Life Satisfaction Scale and for Mood Level Scale as .87 & .90, respectively. This scale was translated and adapted by Fatima and Khalid (2004). It has two subscales: Life Satisfaction Scale and Mood Level Scale.

**Coping Strategies Questionnaire.** Indigenously constructed Coping Strategies Questionnaire (Kausar & Munir, 2004), was used to measure four different types of coping

strategies among elderly. The questionnaire consisted of 62 items, wherein, 16 items measured Active Practical Coping; 9 items measured Active Distractive Coping; 24 items measured Avoidance Coping and 13 items measured Religious Focused Coping. The four subscales: Active Practical Coping; Active Distractive Coping; Avoidance Coping and Religious Focused Coping have reliability of .78; .79; .74 & .73 respectively (Kausar & Munir, 2004).

## Procedure

At first the pilot study was conducted on 10 participants to check the understanding of the questionnaires. Since, no problem related to understanding was reported, and then the data for the main study was collected. The scales were administered orally to the illiterate participants. The nature and purpose of research was explained to the participants. Confidentiality was ensured concerning their identity and information obtained. Although, their participation was voluntary but researcher motivated and encouraged them to participate in the research.

## Results

To obtain the results, analysis of variance was performed to see the differences between Coping Strategies and Psychological Well Being across different educational levels: Minimally Educated, Educated and Highly Educated elderly participants. Stepwise regression analysis was performed to explore the predictors for two dimensions of Psychological Well Being: life satisfaction and mood level.

## Tables

**Table 1: Psychometric Properties of the Major Study Variables.**

Variables	<i>M</i>	<i>SD</i>	<i>α</i>
APC	6.44	1.08	.86
RFC	7.15	.77	.72
AFC	6.89	.83	.81
ADC	5.20	.93	.70
TWB_LS	2.64	.61	.79
TWB_ML	1.87	.75	.89

*Note:* APC =Active Practical Coping; ADC=Active Distractive Coping; RFC= Religious Focused Coping; AFC=Avoidance Focused Coping; TWB\_LS= Trait Well Being Life Satisfaction; TWB= Trait Well Being Mood Level

Table 1 showed psychometric properties of major study variables. All measures had adequate internal consistency in this sample for all the variables.

**Table 2: Analysis of Variance for Sub -Scales of Coping Strategies and Psychological Well Being (N=75)**

		<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
APC	Between Groups	30.4	2	15.2	15.95	.00
	Within Groups	68.7	72	.95		
RFC	Between Groups	2.5	2	1.26	1.93	.15
	Within Groups	47.2	72	.65		
AFC	Between Groups	.98	2	.49	.61	.54
	Within Groups	57.6	72	.80		
ADC	Between Groups	2.77	2	1.38	1.74	.18
	Within Groups	57.1	72	.79		
TWB_LS	Between Groups	5.93	2	2.96	8.89	.00
	Within Groups	24.0	72	.33		
TWB_ML	Between Groups	5.19	2	2.59	4.51	.01
	Within Groups	41.4	72	.57		

Note: APC = Active Practical Coping; RFC = Religious Focused Coping; AFC= Avoidance Focused Coping; ADC= Active Distractive Coping; TWB\_LS= Trait Well Being Life Satisfaction; TWB\_ML= Trait Well Being Mood Level

Table 2 indicates that the elderly people residing in old homes significantly differed in their manifestation of Active Practical Coping; Life Satisfaction, and Mood Level across different levels of education.

Results of post Hoc analysis indicated that there was a significant difference among Minimally Educated and Highly Educated groups on Life Satisfaction ( $M = 3.05$  &  $M = 2.40$ ;  $p < .001$ ), Mood Level ( $M = 2.29$  &  $M = 1.65$ ;  $p < .001$ ) and Active Practical Coping Strategy ( $M = 7.72$  &  $M = 5.66$ ;  $p < .001$ ). This suggests that Highly Educated group showed higher level of Life Satisfaction, Mood Level, and used more Active Practical Coping, in comparison with Minimally Educated group. However, Educated group and Minimally Educated group significantly differed on use of active practical coping ( $M = 6.68$ ;  $M = 5.66$ ,  $p < .001$ ) reflecting that former group used more active practical coping.

**Table 3: Predictors for Life Satisfaction and Mood Level: Dimensions of Subjective Well Being**

Variables	Life Satisfaction		Mood Level	
	Model 1B	Model 1B	B	95%CI
Constant	2.31***	1.29	.28	[-.19, -2.54]
Education	.12**			
APC		.22**	.29**	[-.13, -.45]
ADC			.25**	[-.46, -.05]
R2	.16	.10	.17	
F	14.17***	8.40**	7.71**	
$\Delta R^2$			.16	
$\Delta F$			14.17***	

*Note:* APC = Active Practical Coping; ADC = Active Distractive Coping; CI = Confidence Interval

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$

Table 3 showed the predictors for psychological well-being. Variables were entered into multiple regression model using stepwise method. The significant predictors for life satisfaction in the final model was education, whereas, active practical coping, avoidance focused coping, religious focused coping and active distractive coping were excluded from the model. Results revealed that education was positive and significant predictors for life satisfaction. For mood level, the second dimension of subjective well being, all the variables were entered into a multiple regression model using the stepwise method. First model was emerged to be significant: Active practical coping explained 10% variance for mood level. Table 3 indicated that second model emerged as significant and accounted for 17% variance in mood level. Results revealed that both active practical coping and Active Distractive Coping were positive significant predictors for mood level. In final model, Education, religious focused coping and avoidance focused coping were excluded so it could be said that the greater utilization of active practical coping and active distractive coping would result in a better mood level.

## Discussion

The current research was conducted to see significant differences in Psychological Well-Being and Coping Strategies among elderly person across different educational levels

and to explore the predictors of Psychological well-being in sample. Results indicated that there was a significant difference among Minimally Educated and Highly Educated groups on Psychological Well Being and Coping Strategies. Highly Educated group showed higher level of Life Satisfaction, Mood Level, and used more Active Practical Coping in comparison with Minimally Educated group whereas Educated group used more active practical coping than Minimally Educated group. Education, active practical and active distractive coping emerged as significant predictors for life satisfaction and mood level respectively.

The present findings are consistent with the findings of Gautam, Saito and Kai (2008), who found that Life Satisfaction is higher in Educated as compared to Un-educated individuals. Similar results were established by Minh, Huong, Wall, Chuc, and Byass (2011), who found out that low levels of Psychological Well Being was reported in women, older people with lower educational level especially who were from poorer household.

The same results have also been reported by Latiffa, Afiah, and Shashikala (2005) who studied Psychological Well-Being among elderly people in Malaysia. They reported significant association of psychological well being with number of years of education, district classification, gender, ethnic group, marital status, and current working status among geriatrics.

Results of present study also indicated that Highly Educated group and Educated group showed higher levels of Active Practical Coping. This result is consistent with the previous findings. Same results have been reported by Roohafza et al. (2009). There was association between life style and demographic factors: Educational level; age; gender; marital status with coping strategies in community sample. It can be argued that people having high levels of education may have high level of intellectual functioning and as a result they may rely on adaptive/Active Practical Coping. Results revealed that higher education plays a significant role in Adaptive Coping Strategies. Likewise, Losoff (1974) and Hoffman (1974) in their researches emphasized the significant positive role of education in healthy family life and family style.

Results of the present study revealed that higher education and more use of active practical and active distractive coping emerged as significant positive predictors for life satisfaction and mood level, respectively. Consistent results have been found by Schanowitz and Nicassio (2006) that active coping was related to positive affect, whereas, negative affect was associated with passive coping. Moreover, similar findings have been reported by Moskowitz, Folkman, Collette and Vittinghoff (1996), who revealed that problem focused coping was related

to positive mood. Shimazu and Schaufeli (2007) asserted that a combination of high distraction and high problem focused coping is positively related to lower stress responses.

The present results highlighted important relationship between education, coping strategies and psychological well-being among elderly people. The finding would be very helpful for the health professionals, social workers and community workers to plan and develop intervention strategies for the vulnerable elderly population especially who are illiterate and minimally educated.

One limitation of the study was that it showed the relationship of Education and Coping Strategies with Psychological Well Being but the analysis was not extended to examine the causal path way and mediation effect of SES.

Despite the limitation of current research, it presents strong evidence that education plays an important part in the lives of elderly, their Psychological Well Being and Coping Strategies they utilize. Further studies should be under taken to investigate the effects of education on Psychological Well Being and Coping Strategies in the community sample of Pakistan so that comparison can be made and relevant factors can be ruled out.

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