

A study to assess stress related problems among Geriatric Men and Women in a selected rural area in Hassan district

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Abstract: The present study has been undertaken to assess stress-related problems among geriatric men and women in a rural area in Hassan district. The tool for the study was structured questionnaire which consists of two parts-PART- I consisted questions related to Socio-demographic data, PART-II consisted of structured questionnaire to assess the stress-related problems among geriatric men and women. The data was analyzed by using descriptive and inferential statistical methods. The most significant finding was that 100% of women and 86.6% of men in the study belongs to the age group between 64 and 73 years. Majority of the subjects belongs to joint family 63.3% of men and 80% of women whereas 86.7% of women and 96.7% of men were married. In fact, 43.3% of women and 23.4% of men were having mild to moderate levels of anxiety and only 6.7% of men with mild stress, 6.6% of women with moderate to severe stress and further 6.7% of men and 3.3% of women with extremely severe stress. Findings showed that there was significant increase the nursing personnel are challenged to provide standard and quality nursing care. There is a need for the nurses to take active part to restore the life as clients who are sick and well, young and old to maximum functional capacity. Psychiatric nursing is a recent development in the Indian nursing setup. More and more nurses are taking up this specialty; gradually the role of the psychiatric nurses is expanding liaison nursing.

Keywords: Assess Stress, Geriatric, Men & Women, Rural Area.

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I. Introduction

Old age is part of the life cycle of an organism. Every human being passes through each phase of the life cycle starting from infancy and ends in old age unless and until life is curbed or cut short by death in an early phase. The experience of aging is unique to every individual because of the individual differences in personalities, varying social support networks and differing according to the culture to which one belongs. A pioneer in working with the elderly population and recipient of many awards for his leadership work rightly puts it there is a definite lag between the acceptance of the facts (concerning the aged) and any understanding of their implication. The term old age conjure up images of frustration and pity, sickness and poverty, despair and senility or maturity and serenity, warmth and responsibility. When we look at the Greek mythology we find that the risk associated with it. Many older people reach the end of life without ever having been physical or mentally infirm (Jolly, 2004).

Background of the study

Government of India has declared the year 2000 as a national year of senior citizens. In 1950, the elderly group made up 13 percent of the over-65 age group in the more developed countries, but by 2050 they are projected to make up 32 percent of this age group. In the less developed countries, the elderly made up 8 percent of the over-65 age group in 1950, but this is projected to rise to 20 percent by 2050. The elderly population is a special subgroup with unique problems associated with it. As adults enter and negotiate the last face of life they experience significant challenges and problems, including bereavement, loss of social roles and chronic health problems. In the face of deteriorating health, cognition and functioning, the elderly continue to live life. The range of events of circumstances that can act, as stressors are wide and varied can affect all dimensions of a person. These can be physical, social, psychological, cognitive and physiological in nature and they can lead physical, emotional, social, intellectual and spiritual consequences, physically stress can threaten a person's physiological homeostasis and emotionally stress can change one's general outlook on life. As person traverses the life continuum, he encounters stressors that challenge his ability to meet his needs and maintain equilibrium. Successful positive adaptation to these stressors represents health illness is an unsuccessful or maladaptive outcome.

Studies suggest that the inability to adapt to stress is associated with the onset of depression and anxiety. In one study, two thirds of subjects who experienced a stressful situation had nearly six times the risk of

developing depression within that month. One of the outstanding findings of community surveys carried out in different parts of India was that depression was the most common psychiatric disorders in late life.

There are no exclusive studies in India on stress-related problems mainly depression and anxiety among geriatric men and women. Thus the investigator was motivated to conduct this study to fill this vacuum and complement ongoing western research.

Operational Definitions

The basic term used in this study stress, stress-related problems, depression, anxiety geriatric men and women are described here by operational definitions of each as used in this particular study.

Stress: In this study Stress denotes the state that threatens the well-being of the organism and causes related mental and physical problems to old age.

Stress-Related Problems: Stress- related problems are defined as set of problems occurring as result of stress. It may be physical, mental, psychological or physiological in this study stress-related problems focus mainly on depression and anxiety.

Depression: depression in this study is a psychotic disorder marked by sadness, inactivity, difficulty in thinking and concentration, gloomy and blue, pessimistic about the future, unable to become interested or involved, slow and lacking in initiative. It varies from normal to Extremely Severe.

Anxiety: Anxiety in this study is a feeling of apprehension, panicky, trembly, shaky, aware of dryness of the mouth, breathing difficulties, pounding of the heart, sweating of the palms, worried about performance and possible loss of control and the person's inability to cope with it

Geriatric men and women: In this study geriatric men and women are the senior citizens aged 65 years and above residing in the rural area

II. Review of Related Literature

Mukherjee et.al Keeping with the global trend, demographic ageing has hit Indian shores too. The life expectancy in India has increased from 24 years in 1990 to 42 years in 1960 and 53 years in 1971 to 58 years in 1981. It is projected to reach around 70 years by 2025. Form 12 million persons aged more than 60 years in India in 1901, the number crossed 20 million in 1951 and 57 million in 1991. According to the technical group of population projections for 1996-20126, the 100 million mark is expected to be reached in 2013. Projection beyond 2016 made by the United nations has indicated that India will have 198 million persons aged more than 60 years & 20% of the Indian population will be 60+by 2050. The percentage of persons aged more than 60 years in the total population has seen a steady rise from 5.1% in 1901 to 6.8% in 1991 and expected to reach 8.9 % in 2016. Thus growth rate prediction on such a large demographic base in India implies a larger increase in numbers. Estimates show that in 25 year period starting from 1991 the population of age more than 60 years will nearly double it.

Arial and Murray Study says commonality between old and young is the high incidence of depression with anxiety. Depression and anxiety go together in the elderly with almost half of those with major depression also meeting the criteria for anxiety and about one quarter of those with anxiety meeting criteria for major depression. Chronic physical problems, cognitive impairment and significant emotional loses bring out the anxiety are the stresses and the vulnerabilities unique to the ageing process. Depression and anxiety often occur together. Tearfulness, apathy and a loss of interest of formerly enjoyable activities are possible signs of depression.

Dilip V. Jeste States depression in its many forms affects more than 6.5 million of the 35 million Americans who are 65 year and older. Depression in older persons is closely associated with dependency and disability and causes great suffering for the individual and the family. Older depressed individuals often have severe feelings of sadness. Older women are at a greater risk because women in general are twice as likely as men to become seriously depressed. Biological factors like hormonal changes may make older women more vulnerable. The stresses of maintaining relationships or caring for an ill loved one and children also fall more heavily on women, which could contribute to higher rates of depression.

Lebowitz of relevance to research in geriatric depression the significance in illness burden attributable to depression increases with age and thus will grow further by the year 2020 based upon projected democratic

shift towards older population. Three factors combine to make depression in late life a primary concern in worldwide public health. First, the global population is growing older, gaining nearly 30 years of life expectancy in this century. Second, our appreciation of the disabling consequences of depression has been underscored by the landmark report of the world health organization of the global burden of disease. Third the tools of contemporary neuroscience have significantly enhanced our understanding of the path physiologic and etiologic mechanisms of depression.

III. Research Methodology

For the purpose of the study, a questionnaire was designed (Appendix-1). The questionnaire was pre-tested before using it with the survey population. All the respondents were given the same questionnaire irrespective of their status. The questionnaire was distributed to any of the respondents who willingly agreed to participate in the study. The respondents were also interviewed to fill the gaps.

Research Approach

Research approach indicates the procedure for conducting the study. A research approach tells the researcher so as to what data to collect and how to analyze it. It also suggests possible conclusion to be drawn from the data. The present study aimed to assess stress related problems among geriatric men and women by using the descriptive survey approach.

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

The setting is the location where a study is conducted. The study was conducted in Santhigrama village of Hassan rural district.

Research Site

Santhigrama village of Hassan rural district.

Target Population

Geriatric men and women residing in Santhigrama, Hassan district.

Sample and Sample Size

The sample size was 60 geriatric men and women residing in a rural village, in Hassan district.

Sampling Technique

Convenient sampling technique was used for the selection of geriatric men and women.

Universe of the study

The universe of the study constituted the geriatric men and women above the age of 65 years residing in Santhigrama village of Hassan.

Sampling Criteria

1. Inclusion Criteria

- Old age men and women who are aged 65 years and above residing in Santhigrama village.
- Old age men and women who are willing to participate.
- Old age men and women who can follow Kannada.

2. Exclusion Criteria

- Old age men and women who are not aged 65 years and above residing in Santhigrama village.
- Old age men and women who are suffering from any diagnosable physical or psychiatric problems.

Selection of the Tool

An extensive review of literature was done to find out a standardized tool to assess the stress-related problems among geriatric men and women. 'The DASS 42' scale was decided to assess the stress-related problems among geriatric men and women.

The following steps were followed in selection of the standardized tool by researcher.

- Detailed survey of related literature.
- Discussions with the experts in the field and related fields.
- Determining the type of tool to be used.
- Collection of information from various sources.
- Review of tool by experts.

Detailed Survey of Literature

The review of literature showed that there is standardized tool available to assess the stress-related problems in geriatric men and women. Also literature suggested that different types of tools to measure stress and related problems available differently as shown by similar studies.

Discussions with the experts in the field and related fields

Experts in the field of psychiatric nursing, psychiatry, clinical psychology, biostatistics and also from other specialties of Nursing and nursing education were consulted and discussions were held on the feasibility of 'The DASS 42' scale to measure the stress-related problems among geriatric and whether this scale which will be most suitable for this purpose. These experts from different fields were selected on the basis of their qualification, experience, specialization and special interest in the area.

Determining the Type of Tool to be used

This was determined by the information collected from review of literature, the discussion with above experts from related fields. Considering the information from all these resources it was decided that 'The DASS 42' scale would be most suitable for this purpose.

Collection of Information from Various Sources

A Large number of information which were thought to be helpful in assessing stress-related problems were collected with the help of sources like literature review, discussion with experts and also interview with some persons from target population. This resulted in selection of most suitable tool.

Review of Tool by Experts

The tool was submitted to review of the experts with the purpose of checking feasibility, applicability and suitability of tools and also to check whether the items in the scale were appropriate. The experts agreed to use 'The DASS 42' scale to assess the stress related problems among geriatric men and women.

Description of the Tool

The tool consisted of **two major** parts.

Part I- Socio Demographic Schedule: Related to the background information regarding age, gender, religion type of family, marital status, educational status, occupation, family income, leisure time activities and habits.

Part II- The DASS 42: The DASS consists of 42 items. The DASS is a set of three self report scales designed to measure the negative emotional states of depression, anxiety, and stress, each of the three scales contains 14 items, divided into subscales of 2-5 items with similar content. The Depression Scale assesses dysphoria, hopelessness, devaluation of life, self-depreciation, and lack of interest/involvement, anhedonia and inertia. The Anxiety Scale assesses autonomic arousal, skeletal muscle effects, situational anxiety and subjective experience of anxious affect. The stress Scale is sensitive to levels of chronic nonspecific arousal. It assesses difficulty relaxing, nervous arousal and being easily upset/agitated, irritable/over reactive and impatient.

Scoring

'The DASS 42' is a scale with 0,1,2,3 scoring. So the responses to each statement varied from (0) did not apply to me at all, (1) Applied to me to some degree or some of the time,(2) Applied to me a considerable degree or a good part of the time. (3) Applied to me very much or most of the time. Scores Depression, Anxiety and stress are calculated by summing the scores for the relevant items. A sum of the scores for each of the questions completed by each of the sub-scales, are then evaluated as per the severity-rating index below.

	Depression	Anxiety	Stress
Normal	0 – 9	0 – 7	0 – 14
Mild	10 – 13	8 – 9	15 – 18
Moderate	14 – 20	10 – 14	19 – 25
Severe	21 – 27	15 – 19	26 – 33
Extremely Severe	28+	20+	34+

Pretesting of the tool

The tool was pre tested on six geriatric men and women who were similar in characteristic to those of the population under study. The pre testing of the tool was done to check the ambiguity of the language and feasibility of the tool. The standardize interview schedule (The DASS 42) was administered to the geriatric men and women. The subjects did not have any difficulty in understanding the items in the tools and each subjects look about 45 minutes to complete the tool.

Translation of the tool

The tool was translated by the language experts into Kannada and English.

Reliability of the tool

The DASS is a 42 item self-report inventory that yields three factors. Depression; Anxiety; and Stress. Reliability of the three scales is considered adequate and test-retest reliability is considered adequate with 0.71 for depression, 0.79 for anxiety and 0.81 for stress.

Pilot Study Report

A pilot study was conducted to find out the feasibility of study and to structure the study form administrative point of view. After deciding upon the tools of data collection and the target population, 6 old age subjects, 3 men and 3 women from the target population who fulfilled all the criteria for sample selection were contacted and interviewed. These 6 subjects were not included in the final study. The pilot study and the analysis of the data collected showed that such a study is feasible and applicable in the proposed setting. It also helped the investigator to familiarize her with items of tool and the scoring pattern.

Data Collection Procedure

The tools socio demographic data and The DASS 42 were administered to the subjects in individual interview sessions and background details were collected. This interview for data collection was done in the family setting individually considering the fact that stress-related problems in individuals vary. Before the authority explained the nature of the study and obtained formal permission for data collection. In data collection all the respondents were assured of confidentiality for the information given by them. Every Medical-ethical issues were taken into consideration and subjects' voluntary participation was obtained. Each interview for obtaining information lasted for 40-50 minutes. The investigator did not face any difficulty in collecting the data from the respondents. The data thus collected were compiled for analysis.

Objectives of the Study

- ❖ To assess nature of stress experience by geriatric men and women.
- ❖ To assess stress-related problems depression and anxiety among geriatric men and women.
- ❖ To explore the severalty of depression and anxiety among geriatric men and women
- ❖ To identify the relationship between socio demographic variables and the stress-related problems of the study group.

Hypotheses of the study

- ❖ There will be a significant association between the selected socio demographic variables such as age, sex, Marital status, family type, income, education, occupation, religion, leisure time activities and habits and the stress-related problems in geriatric men and women.

Assumption

- ❖ Geriatric Men and Women may experience different stress related problems.
- ❖ Old age populations are prone to develop stress related problems.
- ❖ The levels of depression, anxiety and stress may vary according to their socio demographic variables.

Statement of the Problems

Study to assess the stress related problems among geriatric men and women in a selected rural area in Hassan district.

IV. Analysis & Interpretation

Organization of data for analysis

The analyzed data was organized according to the objectives and was presented under the following sections:

- ❖ **Section I:** Description of socio demographic characteristics of participants.
- ❖ **Section II:** Finding of depression, anxiety and stress scores of geriatric men and women and descriptive for scores by sex.
- ❖ **Section III:** Association between depression, anxiety and stress of geriatric men and women selected socio demographic variables.

SECTION-I

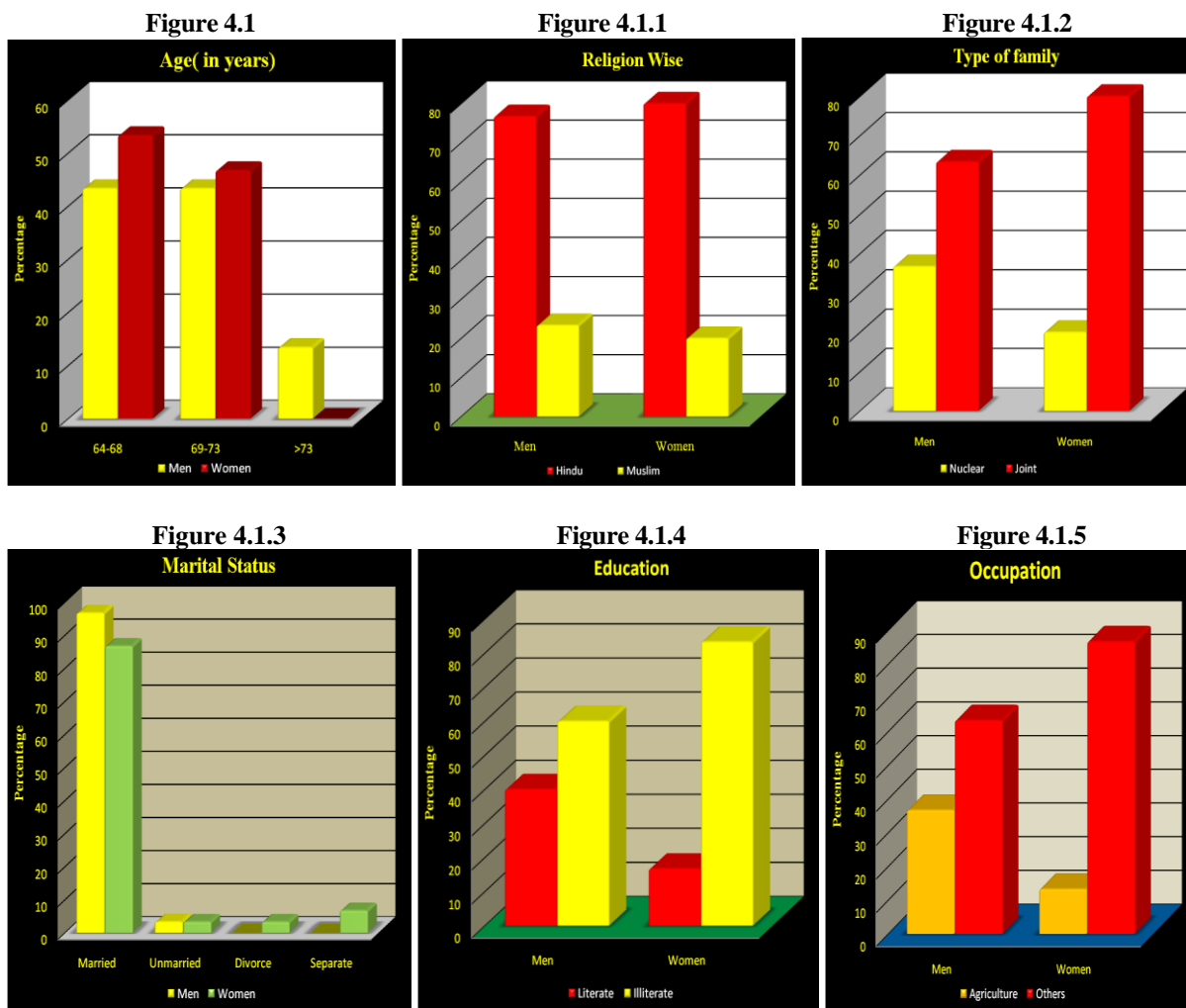
Distribution of Subjects According to Socio Demographic Variables

Table-4.1 Frequency and percentage wise distribution of sample according to their demographic variables

Socio Demographic Variables		Men		Women	
		Frequency	Percentage	Frequency	Percentage
Age(in years)	64-68	13	43.3	16	53.3
	69-73	13	43.3	14	46.7
	>73	04	13.4	0	0.0
Religion	Hindu	23	76.7	24	80
	Muslim	07	23.3	06	20
Type of family	Nuclear	11	36.7	06	20
	Joint	19	63.3	24	80
Marital Status	Married	29	96.7	26	86.7
	Unmarried	01	3.3	01	3.3
	Divorce	0	0.0	01	3.3
	Separate	0	0.0	02	6.7
Education	Literate	12	40	05	16.7
	Illiterate	18	60	25	83.3
Occupation	Agriculture	11	36.7	04	13.3
	Others	19	63.3	26	86.7
Activity	Chitchatting	04	13.3	13	43.3
	Watching TV	17	56.7	17	56.7
	Newspaper reading	08	26.7	0	0.0
	Sleeping	01	3.3	0	0.0
Habits	Pan chewing	0	0.0	09	30
	Smoking	18	60.0	0	0.0
	Drinking	08	26.7	0	0.0
	None	04	13.3	21	70.0

This table shows that 43.3% of men included in the sample and 53.3% of women were in the age group of 64-68 years. The trends of data shows 13.4% of men included in the sample are aged above 73 years. In grouping the sample according to religion, Hindus occupy the largest group with 76.7% men and 80% women followed by

Muslims 23.3% men and 20% women and Christians none. The study dwells more in joint family than in nuclear family. Men in joint family 63.3% followed by 80% were women in joint family. The other table reveals that the sample consists of married men and women to an almost equal proportion, i.e. 96.7% and 86.7%. It is worth noting that divorced and separated were only seen in women population, i.e. 3.3% and 6.7%.



In terms of educational status, it can be seen that majority of men and women that is 60% and 83.3% are illiterate and the percentage of men and women who are literate are comparatively less. The occupation wise distribution shows that men and women with agriculture job is 36.7% and 13.3%. The number of sample in the other job category is high consisting 63.3% men and 86.7% women of the total sample. It is evident that majority of the men 56.7% and women their time by watching TV, 13.3% men and 43.3% women spend time by chitchatting followed by 26.7% men by reading newspaper and 3.3% men by sleeping. The last table shows that men with smoking and drinking i.e. 60% and 26.7% women with pan chewing 30%. There were 70% women and 13.3% of men with no habits.

Section-II

This section deals with analysis and interpretation of the collected data to find out the stress-related problems among geriatric men and women. A standardized questionnaire was used to collect data. 'The DASS 42' standardized tool includes set of three self-report scales designed to measure the negative emotional states of depression, anxiety and stress.

Table No. 4.2 Distribution of subjects by Depression rating score and sex

Category	Score	Men		Women	
		Frequency	Percentage	Frequency	Percentage
Normal	0-9	14	46.7	18	60
Mild	10-13	06	20	08	26.7

Moderate	14-20	07	23.3	02	6.7
Severe	21-27	01	3.3	02	6.7
Extremely Severe	28 +	02	6.7	0	0.0

The above analysis shows highest percentage of normal depression score in men is 46.7% and in women 60%, mild category constitute of men with 20% and women 26.7% followed by 23.3% and 6.7% of men have more depression score and 6.7% men are with extremely severe depression.

Table 4.3 Distribution of subjects by Anxiety rating score and sex

Category	Score	Men		Women	
		Frequency	Percentage	Frequency	Percentage
Normal	0-7	19	63.3	14	46.7
Mild	8-9	05	16.7	07	23.2
Moderate	10-14	02	6.7	06	20.0
Severe	15-19	01	3.3	01	3.3
Extremely Severe	20 +	03	10.0	02	6.7

The above table shows highest percentage of men and women with normal anxiety score of 63.3% and 46.7%, mild category constitute of men with 16.7% and women 23.3% followed by 3.3% and 3.3% of men and women have severe depression score, 10% of men and 6.7% of women are with extremely severe depression

Table 4.4 Distribution of subjects by Stress rating score and sex

Category	Score	Men		Women	
		Frequency	Percentage	Frequency	Percentage
Normal	0-14	26	86.7	27	90
Mild	15-18	02	6.7	0	0.0
Moderate	19-25	0	0.0	01	3.3
Severe	26-33	0	0.0	01	3.3
Extremely Severe	34 +	02	6.7	01	3.3

The above table shows highest percentage of men and women with normal stress score of 86.7% and 90%, mild category constitute of men with 6.7% the above table indicates no moderate and severe stress score among men population. The study shows 3.3% of women with moderate stress and 3.3% with severe stress. The percentage of men under extremely severe category is 6.7% and the women are 3.3%.

Table 4.5 Distribution of mean score, SD and T-value

Sr. No	Category	Group	Mean	SD	T-Value
01	Depression	Men	12.1	8.45	1.82 Not Significant
		Women	8.6	6.32	
02	Anxiety	Men	8.6	7.43	0.25 Not Significant
		Women	8.1	5.62	
03	Stress	Men	11.8	7.82	0.85 Not Significant
		Women	10.1	7.55	

Category wise analysis shows that men have highest mean of 12.1 depression score compared to 8.6 mean of women and women have highest mean of 11.8 stress score compared to women 10.1%. It is also indicated that both men and women have scored least mean score in anxiety category i.e. 8.6 and 8.1. The t-value indicated no statistical significant difference for men and women in their depression, anxiety and stress.

Section-III

Association of Depression, Anxiety and Stress Scores and Socio Demographic Variables

This section deals with analysis and interpretation of data collection to find out the association between the socio demographic variables and scores of participants. A nonparametric chi square test was used to describe the association between depression, anxiety and stress scores and socio demographic variables.

Table 4.6 Association between Age and Depression Score

Age of Years	Depression level		Chi Square	Level of Significant
	Normal	Abnormal		

70 or less	24	21	0.01	Not Significant
>70	08	07		
Total	32	28		

The above table denotes the association between age depression scores of participants aged 65 years and above. The results indicate no statistically significant association with respect to age. So the **hypothesis stated is rejected.**

Table 4.7 Association between Age and Anxiety score

Age of Years	Depression level		Chi Square	Level of Significant
	Normal	Abnormal		
70 or less	24	21	0.20	Not Significant
>70	09	06		
Total	33	27		

The above table denotes the association between age and anxiety scores of participants aged 65 years and above. The obtained chi-square value is 0.20. Thus it is observed there is no association between anxiety score and age. So the **hypothesis stated is rejected.**

Table 4.7 Association between Age and Stress Score

Age of Years	Depression level		Chi Square	Level of Significant
	Normal	Abnormal		
70 or less	40	05	0.05	Not Significant
>70	13	02		
Total	53	07		

The above table denotes the association between age and stress scores of participants aged 65 years and above. The obtained chi-square value is 0.05 thus revealing no association between age and stress of participants. So the **hypothesis stated is rejected.**

V. Finding of the Survey

Stress-related problem among geriatric men and women

The present study has revealed the overall mean score of depression, anxiety and stress as 10.3, 8.388 and 11.0 respectively. Similar finding were reported by K. Ritchie et.al 2003, who conducted a longitudinal population study of psychiatric disorder in the French elderly population. The findings revealed 46% of the population had experienced a mental disorder in their lifetime. Lifetime prevalence of major depression was 26.5% and 30% for anxiety disorders. Current prevalence rate were 14.2% for anxiety disorders and 3.0% for major disorders. The findings of present study revealed the mean stress 11.02 and depression 10.3 higher in the population.

Association between selected socio demographic variable and depression, anxiety and stress scores

The findings revealed no significant association between the socio demographic variables, age, and religion, type of family, marital status, education status, occupation, leisure time activities and habits of the elderly with their depression and anxiety scores.

Finding related to selected socio demographic variables

- ❖ The results based on the background details of the geriatrics showed the geriatric age ranged from 64 and 73 years. Most of the men and women fall in the age group 64-73 years.
- ❖ The religious distribution of sample consisted of 76.7% men and 80% of women as Hindus, 23.3% men and 20% women as Muslims which is roughly reflective of distribution of religions in India.
- ❖ Men in joint family 63.3% followed by 80% were women in joint family.
- ❖ The sample consists of married men and women to an almost equal proportion, i.e. 96.7% and 86.7%. It is worth noting that divorced and separated were only seen in women population, i.e. 3.3% and 6.7%.

Finding related to depression, anxiety and stress scores

- ❖ The depression, anxiety and stress scores among geriatric men and women respondent's shows 43.3% of men are with mild to moderate depression, 33.4% of women.

- ❖ 43.3% of women and 23.4% of men are having mild to moderate levels of anxiety and only 6.7% of men with mild stress, 6.6% of women with moderate to severe stress and further 6.7% of men and 3.3% of women with extremely severe stress.

Conclusion

On the basis of the results of data analysis, the following conclusion was reached:

- ❖ Majority of 100% of women and 86.6% of men in the study belongs to the age group between 64 and 73.
- ❖ Majority of the subjects belongs to joint family 63.3% of men and 80% of women and 86.7% of women and 96.7% of men were married.
- ❖ Majority of the men and women in the study involved in leisure time activities like chitchatting and watching TV.
- ❖ 43.3% of women and 23.4% of men are having mild to moderate levels of anxiety and only 6.7% of men with mild stress, 6.6% of women with moderate to severe stress and further 6.7% of men and 3.3% of women with extremely severe stress.

Implications

The nursing personnel are challenged to provide standard and quality nursing care. There is a need for the nurses to take active part to restore the life clients who are sick and well, young and old to maximum functional capacity. Psychiatric nursing is a recent development in the Indian nursing setup. More and more nurses are taking up this specialty; gradually the role of the psychiatric nurses is expanding liaison nursing.

Limitations

- ❖ The study was confined to a small number of subjects, which limits the generalization.
- ❖ The study was limited to selected areas.
- ❖ The study was limited only to geriatric men and women aged 65 and above residing in rural area.
- ❖ The study was limited by linguistic requirements of the questionnaire.

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