AUDIO-VIDEO ASSISTED HUMOUR ON REDUCTION OF PERCEIVED STRESS AMONG ELDERLY

Manasa Godati[1*], Rojina Rani. M[2]

[1] Manasa Godati, MSc (N), PHD,
Assistant professor,
King Khalid University, Abha, KSA.

[2] Dr. Rojina Rani Principal, Rass academy
college of nursing, Poovanthi, Sivagangi
(dt), Tamilnadu, Pin – 630611.

ABSTRACT— *The present study was conducted to assess the perceived stress among elderly. The research design for the study was one group pre-test post-test design. A sample of 200 elderly persons were selected by using non- probability convenient sampling technique at Navajeevan Old age home, Tirupati. The tools used for conducting the study were a set of demographic variables and Standardized Cohen (1983) Perceived Stress Scale. The subjects were administered audio video assisted humor for 30 days with pre and post assessment of perceived stress levels. Data were analyzed with the help of descriptive and inferential statistics.*

Among 50 elderly, majority 140(70%) had moderate stress, 48 (24%) had severe stress and 12 (6%) had mild stress in the pre assessment of perceived stress levels. After the administration of audio video assisted humor, majority 136 (68%) had mild stress, 64 (32%) had moderate stress and 0(0%) had severe stress in the post assessment of perceived stress levels. It represents that audio video assisted humor was effective in reduction of perceived stress levels among elderly people.

There was no statistically significant association between post assessment of perceived stress levels and the demographic variables such as age of elderly persons, gender, religion, marital status, education, occupational status, residence, number of children, residence area of children, duration of stay in old age home and elderly persons suffering with illness. . There was statistically significant association between post assessment of perceived stress levels and the demographic variables such as financial assistance and frequency of visitors to the participant at p<0.01 level of significance.

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1. INTRODUCTUON

"If you can laugh at it, you can survive it"

Great Indian saint Gautam Buddha had said your body is precious. It is our vehicle for awakening. Treat it with care.

The last century has witnessed a rapid increase in the population of the elderly people in the developed and industrialized countries. This phenomenon is not restricted to the western world only, but many countries such as India are now feeling the impact of this transaction. This situation could be attributed to a combination of factors such as increase in age, longevity and decreased death rates due to advancements in the field of medicine, improvement of life

Corresponding author at: *King Khalid University, Abha, KSA, e-mail:*godati.manasa@gmail.com

expectancy at birth and enhancement in the average span of life. India ranks 4^{rth} in terms of absolute size of elderly population (Aruna Dubey, Seema Bahasin, Neelima Gupta, and Neeraja Sharma, 2011).

Old age means reduced physical ability, declining mental ability, the gradual giving up of role playing in socio- economic activities and a shift in economic status moving from economic independence to economic dependence upon other's for support (Aruna Dubey, Seema Bahasin, Neelima Gupta, and Neeraja Sharma, 2011).

The reduction in fertility level, reinforced by steady increase in the life expectancy has produced fundamental changes in the age structure of the population, which in turn leads to the aging population. India has the second largest number of elderly (60+) in the world as of 2001. The analysis of historical patterns of mortality and fertility decline in India indicates that the process of population aging intensified only in the 1990's. The older population of India, which was 56.7 million in 1991, is 76 million in 2001and is expected to grow to 137 million by 2021 (Dr. Daizy Kujur, Rajesh Prakash Ekka, 2010).

Anything that causes change in the life causes stress. There are many changes going on in the lives of elderly. The way which illness is conceived has undergone a revolution consisting in the recognition of the interaction between mind and body, and in the admission that the emotions and the personality have a substantial impact on functioning and health (Sapolsky, R.M. Madrid, 2008).

Stress may drain a person's reserve capacity physiologically, socially and economically, increasing vulnerability to illness and injury (Gail W. Stuart, 2005).

The major sources of stress are life changes, hassles, job settings, home life and acculturation.

LIFE CHANGE: Refers to change in life that one will have to adjust to.

HASSELS: These are the frustrating everyday situations and events that interfere with the ability to function efficiently or to attain goals.

JOB STRESS: Job will influence on stress.

HOME LIFE: Inability to cope up situations at home.

ACCULTRATION: The process of adapting to and becoming integrated with a new cultural environment.

The increased stress levels can lead to changes in psychological and physiological functioning. In addition to changes in the usual stress hormones such as ACTH, cortisol, epinephrine and nor epinephrine, many other messengers are influenced by exposure by stressors. Production and release of prolactin, growth hormone, insulin, glucagon, thyroid hormone and gonadotrophin can be affected by stress. Levels of neurotransmitters, neurohormones, cytokines and various cells in the immune system can also be affected by stress (Mary P.B, Cecile A.L, 2006).

Chokkanathan S (2009) conducted a study on Resources, stressors and psychological distress among older adults in Chennai. Data was collected from 400 older adults of 65 yrs and above by using epidemiological Studies Depression Scale and Geriatric Depression scale. Results showed that resources had an indirect, negative relationship with psychological distress, and stressors had a direct, positive effect on distress (Chokkanathan S.Resources, 2009).

Aruna Dubey , Seema Bhasin , et al (2011) conducted a study on Elderly living in Old Age Home and within Family set up in Jammu. Data was collected from 30 elderly women aged above 60 years from old age homes as well as a similar number from the family setups by using a specially designed interview schedule and observation technique. Results of the study revealed that most of the elderly felt the attitude of the younger generation is unsatisfactory towards them especially those who were in old age homes in terms of getting respect, love and affection which leads to stress in old age (Aruna Dubey, Seema Bahasin, Neelima Gupta, and Neeraja Sharma, 2011).

Researchers at Edinburgh University have found that stress is the major cause of depression and Alzheimer's disease in old age. They have identified an area of the brain which shrinks in old age resulting in depression and Alzheimer's disease. The shrinkage of a region of the brain called the anterio cingulate cortex result in the release of high levels of stress hormones.

2. MATERIALS AND METHODS

The research design for the study was one group pre-test post-test design. A sample of 200 elderly persons were selected by using non- probability convenient sampling technique at Navajeevan Old age home, Tirupati. The tools used for conducting the study were a set of demographic variables and Standardized Cohen (1983) Perceived Stress Scale. The subjects were administered audio video assisted humor for 30 days with pre and post assessment of perceived stress levels. Data were analyzed with the help of descriptive and inferential statistics.

The tools used for the study were categorized into 2 sections.

The tool consists of two sections:

SECTION-I: It consists of 15 questions to collect the demographic data of elderly people such as age, gender, religion, marital status, education, occupational status, residence, financial assistance, number of the children, residence of children of respondents, channel to join in old age home, duration of stay in old age home, frequency of visitors, health status and treatment.

SECTION-II: It consists of standardized Perceived Stress Scale which was developed by Cohen et al., (1983). It consists of 14 statements which were scored based on 5 point Likert scale. Among 14 statements 7 are reverse scored. (Question No.4, 5, 6, 7, 9, 10, 13)

0	Never
1	Almost Never
2	Sometimes
3	Fairly Often
4	Very Often

3. INTERPRETATION OF SCORES:

The score was interpreted in the following manner

A score between 0 – 18 (0% - 32%)   – Mild stress

A score between 19 – 37 (33% - 66%)   – Moderate stress

A score between 38 – 56 (67% - 100%)   – Severe stress

Reliability:

The reliability of the tool was a major criterion for assessing the quality and adequacy. In order to determine the reliability test-retest method was done on the elderly persons.

The reliability was found out with the Karl Pearson formula, coefficient of correlation, 'r' value was 0.95 which was highly reliable.

Pilot Study:

After taking formal permission from President, Navajeevan Old Age Home, Tirupati. Pilot study was conducted for 10 participants.

Initially, Pre-test was conducted, followed by administration of audio video assisted humor for one week, Post test was conducted to evaluate the effectiveness of audio video assisted humor, it was found feasible to conduct the study.

Data collection procedure:

Formal permission was obtained from the President, Navajeevan Old Age Home, Tirupati. The period of data collection was from 01-01-2016 to 30-06-2016. The investigator introduced her to the participants and explained the significance of the study. After explaining about the study, the investigator made the elderly persons to sit comfortably and obtained their consent. Confidentiality was assured to obtain free and frank answers. The data was collected by using interview method. Pre-test was conducted from 200 elderly persons and after pre-test audio video assisted humor was administered for a period of 7 days daily for 30 minutes with a group approach. During the administration of humor the investigator observed the response of the participants to audio video assisted humor. Post test was conducted from the same sample after the administration of audio video assisted humor by using the same tool. The participants were thanked for their cooperation which they extended willingly.

4. RESULTS AND DISCUSSION

The results of the study done among elderly (N=200) on their levels of perceived stress was depicted under the following tables:

- Among 200 selected elderly, majority 140(70%) had moderate stress, 48 (24%) had severe stress and 12 (6%) had mild stress in the pre assessment of perceived stress levels.

- After the administration of audio video assisted humor, majority 136 (68%) had mild stress, 64 (32%) had moderate stress and 0(0%) had severe stress in the post assessment of perceived stress levels. It represents that audio video assisted humor was effective in reduction of perceived stress levels among elderly people.

- The present study also revealed that there was no statistically significant association between post assessment of perceived stress levels and the demographic variables such as age of elderly persons, gender, religion, marital status, education, occupational status, residence, number of children, residence area of children, duration of stay in old age home and elderly persons suffering with illness. . There was statistically significant association between post assessment of perceived stress levels and the demographic variables such as financial assistance and frequency of visitors to the participant at p<0.01 level of significance.
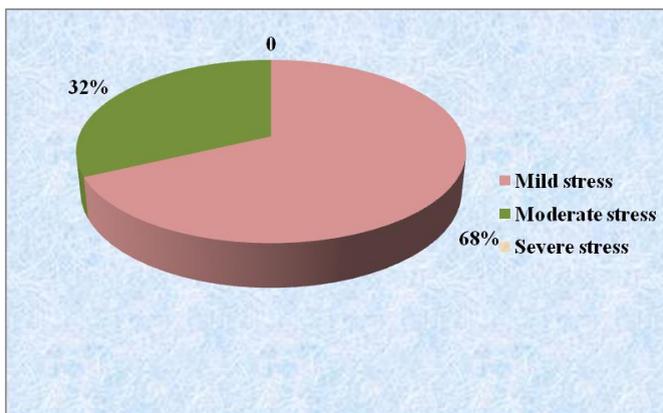
The data presented in the Table –1 shows the perceived stress levels among elderly persons 140(70%) had moderate stress, 48(24%) had severe stress and 12(6%) had mild stress.

| Table – 1 Level of perceived stress in Pre-Test					
Mild stress (0-33%)		Moderate stress (34-66%)		Severe stress (67-100%)	
F	%	F	%	F	%
12	6%	140	70%	48	24%
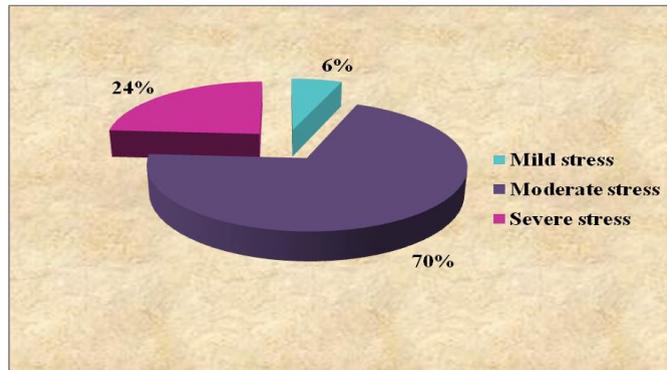
The data presented in the Table 2 shows that the stress levels among elderly are majority 136 (68%) had mild stress, 64(32%) had moderate stress and 0(0%) had severe stress. It represents that audio-video assisted humor is effective in reduction of perceived stress levels of elderly people.

Table – 2 Level of perceived stress in Post-Test					
Mild stress (0-33%)		Moderate stress (34-66%)		Severe stress (67-100%)	
F	%	F	%	F	%
136	68%	64	32%	0	0%

The mean score 30.155 and standard deviation 11.659 obtained in the pre- test and a mean score 16.435 and standard deviation 9.239 were obtained in the post test for the perceived stress levels among elderly persons showed that there was a decrease in mean and standard deviation after the administration of audio video assisted humor for elderly persons.

	Mean	**Standard deviation**	**T value**
Pre-test scores of stress level	**30.155**	**11.659**	**19.539**
Post-test scores of stress level	**16.435**	**9.239**	
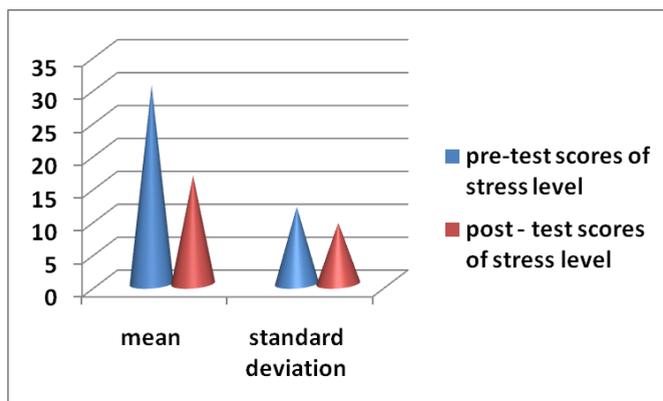
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