

# **Coping with age related changes in the elderly**

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<p>Abstract:</p> <p>Ageing can be described as a continuous irreversible changing process that normally comes with stressors over a long period of time. The aim of the thesis is to study how the elderly manage age-related changes with the use of coping strategies and to provide answers to the following research questions; (1) How do old people cope with age related changes? And (2) how do nurses respond to elderly people during the phase of ageing? Theory of Gerotranscendence and Social action were used in this thesis to explain relationship between the human nature and coping strategies. The method used to analyze the data was systematic literature review. In the data analysis, about 72 journals, 4 books and 2 google books were reviewed. Main articles that answered the research questions were presented in the appendices chapter. Results of the study show that old people prefer to use adaptive and active strategies in coping with their age related changes. Adaptive coping strategies used were observed to be acceptance, hope, change in perception, re-definition of self, avoidance attitude, dropping of responsibilities, prayer, less fear for life &amp; death while active coping strategies are moderate exercise, education, social interaction, getting busy, having adequate rest, therapy, medications and good standard of living.</p>	
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<p><b>Tiivistelmä:</b>  Ikääntyminen on meille jokaiselle peruuttamatonta ja jatkuvaa. Tämän opinnäytetyön tarkoitus oli hakea tietoa vanhusten tavoista selviytyä iän tuomista muutoksista ja tarjota vastauksia seuraaviin kysymyksiin;(1)Miten vanhukset selviävät/sopeutuvat iän tuomiin muutoksiin?(2) Miten sairaanhoitajat tukevat vanhusten ikääntymistä? Suhdetta ihmisen perus luonteen ja selvitystapojen välillä tutkittiin käyttämällä Gerotranscendence teoriaa sekä tutkimalla ihmisten välistä kanssakäymistä. Tutkimuksen materiaalia analysoitiin systemaattisella kirjallisuuskatsauksella. Analyysissa käytettiin 72 tutkimusta, neljää kirjaa kaksi google kirjaa. Kysymyksen kannalta tärkeimmät artikkelit ovat esiteltyinä liitteissä. Tutkimuksen tulosten mukaan vanhukset käyttävät mukautuvia sekä aktiivisia strategioita selviyäkseen vanhuuden tuomista muutoksista. Mukautuvat selvitymisstrategiat olivat hyväksyminen, toivo, muutokset havainnoinnissa, itsensä uudelleen määrittäminen, välttely, velvollisuuksien vähentäminen, rukoileminen sekä kuolemanpelon vähentäminen kun taas aktiiviset selvitymisstrategiat olivat urheilu, koulutus, sosiaalinen kanssakäyminen, itsensä kiireisenä pitäminen, hyvä lepo, terapia, lääkitys ja hyvä elämänlaatu.</p>	
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# 1 INTRODUCTION

At a global level, especially in the developed world, population of the people older than 65 years is growing at a faster rate compared to other classes of people below 65. The responsible factor is more connected with increase in life expectancy and decline in number of children being given birth to in a year (Plank et al. 2009, p. 265).

Reliable data shows that the elderly has the fastest growing population in the world, especially in the developed world where good standards of living and medical advancement is the order of the day (Toner et al. 2003, p. 163).

It is observed that total population of aged people in Norway alone has increased gradually until 1990. There is a prediction that from the year 2010, Norway is likely to face further increase in the population of older people from 600 000 to approximately 1.2 million by the year 2045 (Birkeland & Natvig 2009, p. 257).

Besides, present situation across the European countries at the moment indicates that people of the class 65 years or older claim 15-19 % of the European population and it is predicted to climb up to 25% in the year 2025 (Toner et al. 2003, p. 164).

Meanwhile, as people age, they experience some kind of changes or decline in health status which means that as age-related changes set in, the elderly become challenged health-wise and coping will become the only tool to move on with life (Birkeland & Natvig 2009, p. 257).

Considering these age-related changes in the elderly population which accounts for the fastest growing sector of the global population, the author intends to dig deep in age related changes in the elderly and how they are coping with them. In coping with these changes, roles of the nurses are very important. Therefore, this thesis will also look at the responses of the nurses towards the elderly during the phase of ageing.

The author was motivated to choose this topic after working at a close range with an elderly client who had a memory loss among other age related changes. Her constant repetition of the same questions every now and then was being mistaken by some of the nurses as pretense and a nagging behaviour. As a result of this attitude, the patient was constantly neglected.

## **1.1 Definition of Concepts**

Concepts are research associated terms that play important roles in a specific research work. Concepts define the central idea of a study from which other ideas generate from. It can serve as a guide in some cases and determine the size and the direction of the study.

### **1.1.1 Theories**

Theory is a systematic analysis of observations in which constructs and concepts are figured out, relationships are proposed and predictions are arrived at. However, existence of theories is to check the practice already in existence, introduce different way(s) of doing it and restructure the rules and principles that guide it (Wadensten 2006, p. 347).

From another angle, theory attempts to explain and to propose structure and series of definite actions that determine data. It is observed that importance of theory is becoming essential in gerontology of today, as opposed to the past notion that the field of gerontology is more of data and discuss less about theory (Bengtson et al. pp. 2009, 1-43).

### **1.1.2 Ageing process**

The term ageing has gained lots of attentions over the years as the population of the elderly people keeps rising. According to Hagberg (2008, p. 17) ageing is defined to mean a periodic change in human life which means man and the conditions he is subjected to are constantly changing as time passes.



Bagheri-Nasami (2010, p. 574) sees ageing as a process that cannot be avoided, its definition also includes slow process that could mean gradual degeneration in the structure and vital organs of both human and animals which happen as time passes. This degeneration is not affiliated with diseases or other type of serious disabilities but with time, it may eventually lead to death.

Ageing itself is not seen as illness by Toner et al. (2003, p. 164) these authors rather see it as being associated with independent risk-factor of disability and death. When ageing sets in, normal functionality of the body system begins to decline, this marks the beginning of another life.

The new life being referred to as ageing becomes an important area of study for the researchers. According to Plank et al (2009, p. 265), present studies are directed towards ageing, age-related changes and its impact on health. A number of theories have been developed around ageing, such as theory of gerotranscendence, social action, psychosocial and successful ageing.

### **1.1.3 Old age**

Old age is a period in person's life when body system starts to diminish in functionality. There is no specific age to describe old age. It has been difficult to set a certain age for the old age, different ages are considered to be old age in different countries.

According to Robertson (1996, p. 209) in his discussion about 'what is old age', he stated that the age of retirement for judges in UK is 70 years and the age at which a woman is placed on pension would be raised to 65 years. A study carried out in Sweden sets old age at 76 while the study conducted in Finland about depression among the old people consider the category of people with age 60 years and above as old age class.

The Elderly could be referred to as people that are older than 60 years, some people set it to be 65 while some authors raised it to be person at his or her 70 years of age or older (Kotkamp-Mothes et al. 2005, p. 214). Therefore, old age could be described as a period in life of a man when he cannot not adapt properly to what he had previously adapted to (Toner et al. 2003, p. 173).

#### **1.2.4 Coping mechanism**

Coping was given a proper definition in 1979 and described as a nursing practice. It was categorized under the word ‘mechanism’ in relation to psychological adaptation (Kaba & Shanley 1998, p. 85). Since 1979, coping has assumed an important position in nursing profession and lots of authors have contributed to its recognizability.

Coping was pictured by Birkeland & Natvig (2009, p. 258) from two angles, first as a personality trait and second as a process changing in relation to current situation. Coping definition is multi-dimensional depending on the situation at hand, possibility to adapt and the available resources. It could be a response to medical, biological or psychosocial stressors regarding problem solving and emotion focused (Kaba & Shanley 1998, p. 86).

## 2.

## BACKGROUND

In Finland, the expected life expectancy when a child is born is 77 years for male and 83 years for female (WHO, 2012). According to the release of Finnish Debt Management Annual Review (2006), the report says that due to longer life expectancy since 1970, Finnish ageing population is found to be increasing more than any other EU countries, this shows that, Finland will likely face highest old age dependence in EU zone by 2025.

From a general point of view, it is realized that people now live longer than before, the population of the world's elderly people is presently 650 million and may move up to 1,300 million by 2025 and possibly 1,950 million in the consecutive years if the trend continues (WHO, 2011).

According to the recent data, life expectancy in the developed countries such as United States and Europe has drastically increased in both men and women to around 74 yrs and 80 yrs respectively. A number of reasons may be responsible for this but development in the medical field appears to be the most responsible factor (Toner et al. 2003, 163).

As people grow old, we are most likely to go through some kind of illnesses, injuries or stressors (physiological, psychological, social, sexual or spiritual) and these have direct impact on the body functionality (Health & Phair 2011, 51). When body is faced with challenges or loss and the ability to manage it become difficult, stressors set in and the reason to adapt with the situation will be more important than personal interest (Bittner et al. 2010, 461).

In some situations, an individual can have infection, go through operation, get injured in an accident or experience a psychological trauma. There will be healing process which may not complete, especially if the resources to care for it are not affordable, the victim will be forced to move on with life with irreversible of health abnormalities. When this situation occurs, coping with the condition become a priority (Health & Phair 2011, 51).

## 2.1 Age-related changes in the Elderly

Age related changes in the elderly are too many to count. They can be categorized under biological, medical, physical or psychosocial. Ageing process of the elderly people is a weakness of physical functions with loss of good health. Ageing process can be linked to normal changes in the body system ranging from mental disability, breaking down of vital organs, vision loss, muscle weakness, and low level of bone strength. (Kim et al. 2009, p. 64).

As people age, vital organs of the body decline and get worsened. At a stage, a limit will be reached when the body system will no longer be able to cope with these challenges and the system break down completely (Health & Phair 2011, p. 51). Growth in the population of the elderly people gives rise to high chance of ill health such as reduced functional capacity, mental and physical dysfunction (Bagheri-Nasami 2010, p. 574).

Features of the normal ageing process are breaking down of renal, hormonal and thirst regulatory systems that are maintaining the adequate level of sodium and water balance in the body system.

Kidney reduces in weight as people grow old, normal weight of a kidney at younger age is between 180g to 200g and by the time people reach the age of 80 years or more, the weight of the kidney would have reduced to around 80g or 90g. Reduction in the size or weight of a kidney means reduction in its functionality to maintain adequate level of sodium and water needed by the body system (Miller 1997, pp. 367-368).

Likewise, human brain at age 20 weighs around 1,375 g and reduces to 1,200 g at age 80. This reduction in weight can be linked to ageing. Body composition also changes with increase in age, there is tendency for fat increase and possibility of obesity, which in the other way round could facilitate type II diabetes and cardiovascular diseases among the old people (Toner et al. 2003, p. 164).

When man faces a condition in which he begins to lose functional parts of his body and begin to go through challenges, there is tendency for stress to set in. According to Bittner et al. (2010, p. 461) stress occurs when the affected person has less resources to overcome the challenging situation he finds himself and there is less probability of effective coping skills.

Dysvik et al. (2005, pp. 298-304) pointed out that stressors are mostly referred to as threat to general body well-being which results to emotional disturbances. They further defined psychological stress as a situation in which man finds himself in an immediate surrounding that he could not manage and his health is placed at risk due to inability to control the situation.

Many factors contribute to stress related health condition and one of them is reduction in ability to withstand ever changing environmental challenges (Kaba & Shanley 1998, p. 86). From the same perspective, Cohen et al. (2011, p. 223) agree that both positive and negative situation influence man's everyday activities which have greater impact on the body system.

Stress is an important factor when it comes to ageing, Stress puts man at risk of going through ageing process while age also puts man at risk of stress in the other way round (Pardon 2007, p. 263). When level of stress goes up it has negative impact on sight but this problem can be easily regained if the stress is later overcome (Bittner et al. 2010, 461).

Mental disability is another common age related change being experienced by the elderly. When age related disease develops, problem is posed to mental ability of a man (Toner et al. 2003, p. 171).

Mental inability is supported by Leigland et al. (2004, p. 1117), they agree that memory capacity drops with advanced age but it is not yet clear how this occurs. They further explained that problem to emotional state of the body as we age could explain this memory problem as well. Changes in way of life, problem with senses and brain in relation to memory can have impact on ability of the elderly to process information better.

Dementia is one of the common mental problems among the old people. According to (Alzheimer's Association 2011, pp. 208-212) Alzheimer's disease (AD) is one of the leading causes of deaths in the elderly population. AD keeps increasing as the elderly population keeps rising as well.

Research shows that AD is strongly influenced by age but cannot be associated with ageing process. Symptoms of Alzheimer's disease are social interaction problem, loss of memory, inability to handle simple tasks as usual, inability to make a sound judgment, losing things easily and finding it difficult to recover it.

Depression in a number of researches has been proven to have a connection with ageing. Even though features of depression and ageing are quite similar, chance of committing suicide is higher in a depressed person more than ordinary aged person. Likewise, depressed person is more liable to have other symptoms compared to somebody going through ordinary normal ageing.

In some other studies, depression is described to have negative impact on person's reasoning ability leading to inability to cope or adapt to the new challenges. When this occurs, symptoms like unstable mood, loss of social interaction, looking down upon oneself, self-attack etc will start forming. Age is reported in many articles to have a strong relationship with depression (Heun & Hein 2005, pp. 201-202; Koenig et al. 1995, p. 369).

Depression, loneliness and pain are inter-related and can occur at the same time to disturb an elderly person, people that suffer from depression complain more about pain. Meanwhile, loneliness was found to worsen depression among the old people in Korea and Japan (Gagliese & Melzack 1997, p. 8; Kim et al. 2009, pp. 67-68).

Cancer is a common health problem in the present society, mostly among the old people, though not really established to have a link with age. According to Towsley et al. (2006, p. 93) around 10% of the people that are younger than 45 years are suffering from cancer while that of the people that fall within the age of 65 years and 74 years of age is 18%, meanwhile, this is more even higher in those that are 75 years and above is 22%.

From the same study, deaths that are linked with cancer are also noted to be more among the people aged 75, about 1500 deaths in 100,000 and that of the younger population is 123.7 deaths in 100,000.

According to Kotkamp-mothes et al. (2005, p. 241) cancer changes the whole life of both the affected person and the relatives. The health condition of such person disorganizes the family plans and chose another lifestyle for the entire family members.

New way of life will be enforced on them and the main medical stressors may end up resulting to psychosocial stressors in the later days.

Cancer is now being seen as part of life that does not only require treating the medical symptoms but also the psychosocial aspects of it is needed to be taken into consideration as well (Towsley et al. 2006, p. 93).

Diabetes has related negative impact in the life of the elderly like that of cancer. Diabetes is an incurable medical condition that later have psychosocial effect on the patient after a certain period of time. Diabetes is a long-lasting disease, that is, people are forced to learn living with it for the rest of their life (DeSouza & Nairy 2003, p. 63).

Falling is a common occurrence that happens from day to day among the elderly. The elderly gradually lose their balance as the age advances. The cause of falling is weakened body systems and the situation keeps worsening as the elderly keep falling. The risk of fall is multi-dimensional, arthritis and stroke are more common. Other causes of falling could be depression, loss of sight, medication and affected cognitive ability (Myers et al. 1996, p. 94).

Rheumatoid arthritis (RA) can also be linked to age related changes in the elderly and can be defined as a disorder caused by irregular release of immune in the body system. It seems to be more common among the people of ages 35 to 45 years but research shows that occurrence keeps rising with age.

Signs of RA is aching and burning of the joint. What leads to AR remains unclear as it is common in both the old and the young. If it is not given a proper treatment it could destroy the joint, cause inability to move normally and even lead to untimely death (Watkins et al. 1999, p. 217).

Some of the old people keep complaining about pain or damage that occurs to the cells of the vital organs of the body. Chronic pain is generated from different parts of the body and affects general comfort of the body system. It is assumed that age has effect on pain (Gagliese & Melzack 1997, p. 4).

Enough sleep helps the body in replacing the lost energy. Old people within the age of 65 and 84 complain of lack of enough sleep. Research reveals that 22%-61% of the old people staying in the hospitals complain of insufficient sleep (Lareau et al. 2008, p. 197).

Inability to swallow food properly is partly caused by ageing, sleep apnea may set in, voices are affected and the old people are put at risk of developing pneumonia. This is due to anatomic and physiologic changes such as slower expiratory flow rate, decrease in output of oxygen and increase in blood pressure that happen in the lungs as the age advances (Plank et al. 2009, pp. 265-267; Fung et al. 2010, 48; Evans et al. 2004, p. 109 & Berg et al. 2008, p. 70).

According to Watkins et al. (1999, p. 7) Chronic stress and immune system are inter-related when it comes to general well being of the body, though it depends partly on the individual nature but chronic stress worsens the state of immune system. Also, relationship between stress and ageing is so complex to define but ability to cope with stress determines how successful the ageing would be (Pardon 2007, p. 266).

From a different research, there are lots of reasons that link psychological stress to immune system. Meanwhile, it is realized that threat to immune system is a threat to the general body. A reduction in Natural Killer Cell (NKC) activity was linked to some diseases in man such as cancer, viral infection and auto immune problems. NKC are made by the body to protect the body from any disease that enters body system, they also release chemical into the body system to signal the immune system to also protect the body (Olf 1999, p. 8).

With advanced age, the physiological functions of the body system such as bone mass, ability of the body to absorb vitamins and minerals, kidney function, defense mechanism etc drop and body immunity diminishes, The important T-cells of an elderly person that fight disease in the body changes due to ageing and the body is exposed to risk of being affected by the diseases (Herndler-brandstetter et al. 2006, pp.131-132).



As we breathe, oxygen reacts with the body cells to produce energy which leads to the production of highly reactive molecules in the body. These molecules react with other normal molecules of the cells to create oxidative damage to the genes, membranes and proteins of the body system. The overall body cells and tissues of the elderly people face oxidative damage or stress which affects their ability to eliminate waste properly through skins when compared to people with young age (Douglas & Schmucker 2005, p. 652).

Blood vessels are among the parts of the human body that are affected by ageing, it allows blood or fluid formation which has a negative impact on the body's immunity. It is also noted that the elderly lose their lymphatic muscle cells as they grow old (Gashev & Zawieja 2010, p. 283).

Skin plays an important role in human when it comes to body temperature regulation, protection, healings, perception of touch etc. At old age, the skin loses its quality which makes it unable to carry out its functions properly (Ryan 2004, p. 162-163).

Impact of aging is not limited to body immune and skin alone, it affects muscle of the body as well. The skeletal muscle of the elderly people keeps losing its strength and form due to loss of muscle protein and challenges brought about by low production of protein in the body (Augustin & Partridge 2009, p. 1084). Likewise, reduction in the muscle mass and quality is common among old people. This leads to weakness, posture disability and over dependence (Thompson 2009, p. 106).

Digestive track of human could be described as a reservoir of bacteria and even though bacteria are important in the digestion process they tend to be injurious to the body if they are in excess. It is noted that these bacteria grow in number excessively as age advances (Montalto et al. 2009, p. 30).

Reproductive system of humans is a delicate organ and is highly liable to changes with respect to age. As we grow old, the reproductive organ suffers infertility and menopause in women. Uterus, Ovary and prostate gland weaken which brings about long or short term infertility (Brann & Mahesh 2005, p. 273; Well et al. 2007, pp. 175-176).

Another major age-related change that poses threat to the elderly is urinary problem. Man loses his ability to control urination with advanced age. In an elderly person's urinary system, urethra experiences build-up of protein which affects the smooth muscles and eventually affects the flexibility of urethra (Griffiths et al. 2009, p. 981; shakespeare et al. 2011, p. 283).

Cardiac complications arise as a result of aging process and majority of the elderly who pass away as a result of cardiac complication has kept rising. Old people that suffer from heart failure have high probability of also suffering from other medical conditions which worsen their medical situations (Martínez-Sellés 2009, p. 410). Elderly people suffering from advanced stage of Congestive heart failure (CHF) go through disability in some cases and later end up designing their way of life to suit the condition they find themselves in. These problems range from social interaction, marital life to cognitive dysfunction (Rengo et al. 1995, p. 64).

In the research carried out on age and diabetes, both were discovered to have been contributing to the worsening state of the elderly (Chadunet 2007, pp. 20-24).

## **2.2 Coping skills**

Coping is defined as progressive change in cognitive and behavioural ability to control certain external or internal needs considered to have exceeded the resources of the person in question. Coping is also seen to be related to human personality trait and a time changing process in accordance with the situation we found ourselves in (Birkeland & Natvig 2009, p. 258).

Elderly people face series of challenges such as illnesses and irreversible loses during the phase of ageing process. This process works against the will and interest of the elderly people. Acute illness comes with lots of problems and there may be a need to keep in shape one's emotions, self image, ability, relationship.

Keeping in mind that the future ahead is no longer promising regardless of the condition of illness, it is the responsibility of the elderly to try and keep up with a good life (Ridder & Schreurs 2001, p. 207; DeSouza & Nairy 2003, p. 63).

Nowadays, dependency in various elderly homes has raised a significant alert that needs a standard approach. Elderly people look up to healthcare officers for support in almost all their daily tasks.

Dependency of the old age patient is such a huge problem that requires prior knowledge of the causative diseases, overall mental ability of the elderly, their social relationship with other people and the surrounding issues (Molaschi et al. p. 1995, 268).

In cutting down over dependency, old people try to develop some coping skills such as engaging themselves in some other things around them. This includes trying to accept current situation, seeking out for help or services and also giving back to the best of their ability a sense of appreciation (Duner & Nordstrom 2005, pp. 441-442).

Coping is categorized based on individual perspectives and its applications depend on the state of health and nature of the elderly people. Coping style could be problem focused, emotion focused, active, adaptive, avoidant, problem solving, corrective or preventive.

Problem-focused coping is when the elderly can change the situation caused by aging process and direct efforts specifically to the main problem. When the elderly cannot change the situation, they rather change their perception about the problem and try to give it another meaning that is future promising, such coping is called emotion-focused (Duner & Nordstrom 2005, pp. 444-446; Towsley et al. 2006, p. 100).

In active coping, idea is directed towards gaining control over one's problem. Besides, this could be a move to change an unfavourable condition, dealing with one's emotions through seeking beneficial information or by avoiding the situation from taking control over one's life. This is done by seeking for something else to do or by socializing with people (Windsor 2009, p. 874; Cohen et al. 2011, p. 224).

Preventive coping is an effort to avert or delay the occurrence of the age related changes in the elderly while corrective is a measure(s) spelt out to put the situation back to normal after the occurrence.

Ways of dealing with stressors that are associated with aging are not only controlled by corrective measures after finding ourselves in the situation. Preventive measures put in place before the situation occurs help the elderly in reducing the effect of the problems when they eventually occur (Ouwehand et al. 2006, p. 879).

Adaptation plays an important role in coping, pro-activity involved in adaptations helps reducing stressors and it enhances the health outcome in a positive way (Kahana & Kahana 2001, 55).

Research result of Birkeland & Natvig (2009, p. 260) indicates that old people that are living separately consider acceptability as one of their main coping strategies. From a different angle, Kahana & Kahana (2001, p. 55) sees surrendering roles to the other members of the family or society as a way of coping to overcome social losses.

Pain is common among the elderly people and use of drugs cannot fully clear the effect. Large numbers of old people keep complaining about pain despite the use of medications. Pain worsens the state of health if they fail to design a way of adapting or accepting their present unavoidable situation (Gauthier et al. 2009, p. 147).

Medical issues that give rise to painful situation might later become a secondary issue and psychosocial problem which comes up as secondary will become a primary problem (Dysvik et al. 2005, p. 302).

Pain could be managed by cognitive-behavioural approach, meanwhile, acceptance of pain is gaining awareness as an adaptive tool in coping with some diseases that come with pain. Acceptance is described as taking faith about situation and direct attention to improving one's life while the pain is still there (Gauthier et al. 2009, p. 147; Gagliese & Melzack 1997, p. 10).

Considering the understanding of the old people about the likely impossibility of treating pain, they prefer living with it as a method of coping rather than aimlessly working towards achieving the impossibility (Watkins et al. 1999, p. 225). It was established by Windsor (2009, 876) that continuous efforts, hope, general health, pleasing oneself and social interaction have a relationship with recovery from age related changes.

Results of a research on psychological solution as regards immune system confirmed that keeping body fit, having adequate rest and practicing openness are workable coping skills (Olf 1999, p. 12).

In so many occasions, there is a particular shame attached to the elderly people that are suffering from a terminal disease like cancer. This shame forms a kind of self-perception that continually disturbs, especially when the elderly is psychologically alright. Coping strategy applicable to this situation may require inclusion of disease progression and individual feelings (Towsley et al. p. 2006, 94).

Old people suffering from vision problems use diversion of attention by getting involved in what they like most or where their ability lies, sense of humour and observation of rest when necessary as coping skills (Bittner et al. 2010, pp. 464-465).

Old people like engaging in avoidant attitude while those that are little bit older and religious in nature prefer praying and keep hoping for the best (Gagliese & Melzack 1997, p. 10).

### **2.3 Nurses' response to age related changes**

Life of the elderly people is supported by direct dependence on the people around them, especially those living in the nursing homes. The main people mostly around them are the health professionals. Attitude of the nurses towards the elderly and the family members have a significant role to play in the life of the elderly. Also, act of coping is a rehabilitative process that can be better managed by health professionals.

Therefore, survival of the elderly people through their coping strategies rests on the nurses' attitudes, responses and professional skills. Nurses help the old people in their coping skills in different ways and this must follow a regular pattern. Educating them on their state of health, changing their understanding about the situation; giving them hope and teaching them how they can deal with the situation (Kaba & Shanley 1998, pp. 84-86).

Not only nurses are involved in the care of the elderly people, relatives are also concerned and both of them face challenges in caring for the elderly. Both nurses and relatives undergo stress in helping the old people (Park 2010, p. 131).

It is reported that Nurses show negative attitude to the old people, especially those with disability. This affects their thoughts and the way they see themselves (Seccombe 2007, p. 461).

It is the responsibility of the nurses to assist the old people in identifying the coping style that could be used to overcome a particular challenge and ways of handling the foreseen or unforeseen circumstances (Kaba & Shanley 1998, p. 85).

Elderly people thrive well in a secured and comfortable environment and this can be created by the nurses. Friendly atmosphere facilitates socialization and improves state of health (O'Sullivan & savage 2008, p. 185).

Smooth communication can be initiated by a nurse and is a strong attachment between the nurses and the elderly person. Communication that welcomes feedback from the elderly helps in diverting attention and reducing the feelings of the pain (Dysvik et al. 2005, p. 304). Nurses are expected to have the notion that old people are facing decrease in ability and as their ability reduces, the external resources, both human and non-human should be able to support them.

Attention should be on keeping the walk-way free of hazards, correcting the bad attitude that could lead them to involve in bad acts such as suicide and engage them with various activities that could keep them busy (Evans et al. 2004, p. 110; Myers et al. 1996, p. 99).

Facilitating social network among the elderly people is possible by organizing smaller group activities that promotes socialization, activities and hope among the elderly people (Garcia & Suarez 1996, p. 87).

Moreover, nurses are expected to improve their own skills in order to be able to intervene professionally in supporting the elderly people. Understanding age related diseases and thorough idea of coping practice to a reasonable extent helps in formulating a workable coping plan. This could be achieved through having more education in the field of gerontology (Molaschi et al. 1995, 268).

### 3.

## THEORETICAL FRAMEWORK

Recently, literatures on ageing and age-related changes gained awareness and the subject area is now covering theoretical aspect of development, growth and coping (Ouwehand et al. 2006, 874).

The main theme of this thesis is to study how the elderly cope with their newly found life brought about by ageing process. However, attitude of nurses towards the elderly is to further explain how coping progress can be influenced by the actions of the nurses.

Theoretical explanation of coping in this thesis is supported by theory of gerotranscendence and social action. Gerotranscendence is defined as a theoretical concept that explains changes in old age while social action theory explains how individual develop courage towards taking actions (Jonson & Magnusson 2001, p. 318; Duner & Nordstrom 2005, p. 440).

### 3.1 Gerotranscendence theory

The theory states that ageing is a natural development process in which there is a change in the way people see things as they age and change of interest. When this occurs, the definition of reality begins to change in the individual mind (Wadensten 2005, p. 381). The theory puts the elderly in a reality life which makes them to develop a belief that they can still move on with life and play their previous roles even in the presence of all the challenging stressors on their way.

According to Tornstom (2005, pp. 35-41) mind set determines the will of an individual and gerotranscendence see changing people's mind is a way of changing people's thoughts and their actions, therefore, gerotranscendence is centered on changing people's minds about the way they see objects, life and death in relation to coping with their present situation.

According to Wadensten (2005, 382) there are three features of gerotranscendence:

### **3.1.1 Self**

This is a situation when the bad and the good side of self are discovered. Decrease in selfish interest is experienced and the individual think more about the others rather than self alone. At this stage, mentality to care for the body increases and one begins to re-discover the past (the childhood period) and try to bring the image back to the present in order to encourage themselves.

This ideology of connecting the childhood period with the present period gives the elderly ability to see what they were able to do in the past. This influences their present and makes them develop a kind of feelings that they can still do the same tasks despite the age related changes they are going through.

### **3.1.2 Social and individual relations**

Moderate interaction with people will become more important. Old people develop sense of dropping their responsibilities as they cannot carry on with it any longer due to their disability.

Habit of dropping worldly things will be part of their practice and start picking up religious beliefs. Strong religious beliefs make it possible for old people to accept situation and be hopeful. Some of them start growing from strength to strength in prayer. The wisdom increases through meditation and learning.

### **3.1.3 Cosmic level**

At this level, the old people experience changes in perception. The way they see things and the way to approach it is changed due to their present irreversible condition. At old age, it is realized that they cannot really influence things like before, therefore, their perception will bend towards accepting their present situation.



On a daily basis, sense of appreciation increases in which little thing is more appreciated and enjoyed compared to the old time. There is less fear of death and new things about life are accepted. There is total acceptance of whatever life brings either good or bad. Gerotranscendence makes old people to accept who they are which encourages them to either cope with or live with it.

### **3.2 Social action theory**

Social action theory is human approach or action that is pertaining to individual. Actions are further described to comprise intentions or objectives, thoughts and other factors that make it possible to reach those objectives.

When the condition is more challenging, intention is achieved through organized thoughts, progressive actions and the available external inputs. These factors are collectively referred to as coping strategies (Duner & Nordstrom 2005, pp. 439-442).

The elderly are faced with declined state of health which normally discourages them from being motivated to take actions. To encourage the old people to participate in coping strategies, their thoughts about coping practice has to be raised to a more concrete level. This can be achieved through education, comfortable environment and personal efforts.

When the elderly develop organized thoughts, motivated actions and have access to external resources as described by social action theory, they will be more determined to adopt coping strategies in achieving their goals.

#### **4.**

### **AIMS AND RESEARCH QUESTIONS**

The aim of the study is to critically review a number of pre-existing articles to give background details of the topic 'Coping with age related changes' and draw out coping strategies being used by the elderly in managing their body changes brought about by ageing.

The thesis is expected to provide answers to the following two research questions:

1. How do old people cope with age related changes?
2. How do nurses respond to the elderly during the phase of ageing

## 5.

## METHODOLOGY

According to medical dictionary (2011), methodology is a section of a research that explains the methods applied in a study, the chosen design, the class of the people considered as samples and the mathematical tools used in analyzing the data. In this section, features of systematic literature review and analysis of the collected data will be presented.

### 5.1 Systematic literature review

The method used by the author in analyzing data in this study is systematic literature review. Systematic literature review is the use of pre-existing research literatures for data analysis, it is done by drawing out the themes and results that share common ground and provide reliable evidence based facts for policy making and practice (Neale 2009, p. 51).

A systematic review is a review of the evidences based on clearly formulated questions in the beginning of the study and such questions may be adjusted to fit the study as the research goes on (Callaghan & Waldock 2006, p. 344).

According to Walliman (2001, p. 25) every piece of research work contributes only a fractional part of a bigger body of knowledge. In this study, large volume of data is involved as more than seventy journals were reviewed in addition to five books. Limited part of each article is taken and combined together to form a bigger body.

Systematic literature review is adapted to control high volume of data in a consistent manner. It uses a logical review and explicit methods to track main points and analyze them in a usable form (Callaghan & Waldock 2006, p. 344).

Answering questions is also made possible when using this method of data analysis. According to Brophy et al. (2008, p. 11) in a study based on controlled samples, systematic literature review makes it possible to identify questions that could be suitable for the study. In this study, research questions were set to serve as guide and providing answers to those research questions was made a priority during the review.

## **5.2 Data collection**

The study involves searching a number of pre-existing materials that can give background information about the topic and provide answers to the research questions. The author decided to use systematic literature review as a method in order to be able to control the expected large volume of the literatures and get the materials well structured in a manner that will facilitate analysis of the data content.

Before the search, research questions were set in order to identify the materials that have the relevant information. Title of an article is not enough to give details about the content of the article. Besides research questions, two groups were also developed and named as inclusion and exclusion criteria. The purpose of developing the criteria is to serve as guide to keep the search on the track of meeting up with the expected features and to prevent the volume of the retrieved data from growing out of control.

The author waited until the topic got approval from Kustaankartano and the supervisors before starting data search. The reason is that the topic determines the keywords to be used when exploring the database. After the approval of the topic, efforts were made to set out some keywords that have direct links with the topic.

Key combination used in searching for articles depends on the interface of the academic database. The way search fields are made will determine how to combine the search keys. There are four keywords in the beginning of the search ‘Coping’, ‘ageing’, ‘age related changes’, and ‘the elderly’.

In searching from CINAHL and OVID databases where the interface is designed with the use of AND during search, it is also allowed to create extra rows for additional ANDs if needed.

The search idea was to combine the keywords in twos especially with the most **cogent** keyword 'coping'. The search terms became 'coping AND the changes', 'coping AND the elderly' 'coping AND changes in the elderly', 'ageing AND the elderly' and 'ageing AND coping'. The use of AND makes it possible for the database to combine journals from all the listed keywords.

After retrieving some articles, it was later realized that the word 'changes' could be replaced by 'diseases' or 'disabilities' as these three words have the same meaning in the case of the elderly. Then the author tried 'Coping with the diseases' and 'Coping with the disabilities'. This led to evolvment of lots of relevant articles which was guided by the other set criteria to select the better ones.

However, as the search went on, the author kept the two research questions at the back of the mind. Considering the second research question, another important keyword 'nurses' responses' came up. The search terms extend to 'coping AND nurses response', 'coping AND nursing intervention', 'coping AND nurses attitude'.

Looking more articles from ScienceDirect, key combination is different here because the interface is different from that of CINAHL and OVID. Use of AND or OR is not part of the features of ScienceDirect database. The field is made in a sentence format, where keywords are used to make well structured sentence that could serve as search term.

A number of sentences were developed with the use of the keywords but few relevant literatures were gotten. Meanwhile, in the background of the thesis, it is necessary to give details of all the age related changes in the body system. This brings an idea to the mind that age related changes could be taken one by one and combined with the word 'coping'.

The search sentence for the ScienceDirect becomes something like this 'coping with age related vision loss', coping with age related dementia', 'coping with age related imbalance' etc. With these sentences, lots of relevant articles evolved.

<b>Keywords Combination</b>	<b>Databases</b>	<b>Number of Hits</b>	<b>Articles evolved</b>	<b>Articles relevant</b>	<b>Articles used</b>
'Coping and Changes' OR 'Coping and the elderly'	CINAHL	4,130	82	35	24
'Changes in the elderly' OR 'Ageing and the elderly'	SCIENCE DIRECT	34,519	121	49	38
'Ageing and Coping' OR 'Ageing and diseases'	OVID	1003	45	11	9

*Table 1: Information retrieval*

### **5.2.1 Including criteria**

The author was careful in including some criteria because these criteria will determine the quality of the study. In the search, there was a room to accommodate flexibility as the numbers of articles keep fluctuating but altogether seventy one articles were considered appropriate for the study.

Academic databases such as EBSCO, CINAHL, SCIENCE DIRECT, OVID, library and Google books were strictly used for the main theme of the study. Other online sources may be used as well to a smaller extent but it shall be limited only to the representation of some less important points in the study.

Year of publication was set to be 2000 and above in the beginning in order to get recent articles but as the search begins, it was realized that most of the relevant articles developed their ideas from the old authors, even most of the old works were reviewed by the present authors.

This situation made the author to open the year below 2000. Therefore, 1990 was set as the limit in order to allow some of the relevant old articles to come in. Meanwhile, the number of old articles was also controlled to prevent having too many old articles in the study and keep the study as recent as possible.

It was also included that the article must be written by the scholars in English and have abstract. Articles with abstract are given priority, however articles without abstract were also considered once they are published in the academic database but it has to be full text. Any article with related content shall be considered and only the free accessible articles without price tag shall be considered as the study is not funded any organization.

### **5.2.2 Excluding criteria**

As it was important to the author to include some criteria, likewise it was necessary to exclude some criteria for the reliability of the study to be more guaranteed. Any article that was not directed towards the line of the topic was removed. Articles below 1990 were not considered and those noticed to be biased were excluded as this might have mis-represented facts.

It was noticed that some writers only write to counter approach their counterparts writers. Any article that is not scientifically written or not written by the scholars was removed. The criteria are represented in the figure below.

<b>Including criteria</b>	<b>Excluding criteria</b>
<ul style="list-style-type: none"> <li>I. Articles must be in line with the topic</li> <li>II. Must be retrieved from academic database e.g Ebsco, Cinahl, Scencedirect &amp; Ovid</li> <li>III. Publication year of 1990 and above</li> <li>IV. Must be written by scholars</li> <li>V. Must be written in English language</li> <li>VI. Free articles only</li> <li>VII. Articles with abstract gets priority</li> </ul>	<ul style="list-style-type: none"> <li>I. Articles with publication year below 1990</li> <li>II. Not from academic database</li> <li>III. Articles with no abstract</li> <li>IV. Without full text</li> <li>V. Articles with bias content</li> </ul>

*Table 2: Including and excluding criteria*



### 5.3 Data analysis

Finding answers to the set research questions rests on the analysis of the articles' content to make valid references from the content of a text or passages of a regulated procedure (Krippendorff 2004, p. 18). In this case, different strategies were involved to identify the main points and associate them to the right questions.

Altogether, 72 articles were reviewed but not all of them provided answers to the two research questions. Some articles only provided background information about ageing and age-related changes. The first research question is 'How do old people cope with their age related changes?'

In analyzing the data content of these articles in a more structured way, two groups were developed based on the main themes of the article. A theme in a study could be a simple sentence or just a single idea. Analyzing content is determined by the themes just as the direction of questionnaire is determined by the structure of the questions (Methodology manual 2012, p. 2).

Two themes in this thesis are coping and nursing intervention. These two themes were chosen because each of them has strong attachment with each research question. The first research question is based on the coping strategies of the elderly and the word 'coping' can be used as a term to group together the related articles that can answer the first research question. Second question is about nursing attitude towards the elderly, therefore, articles that discuss nursing intervention in relation with attitude and actions of the nurses could also form a separate group that could answer the second question

After forming the two classes, all the articles that treat coping, either as main topic or sub-topic are easily grouped together and analyzed.

To provide answers to the first question, eleven articles contain the word 'coping' in their titles and discuss coping deeply in the content. In the study of Birkeland & Natvig (2009, pp. 259-261) titled Coping with ageing and failing health, results show that common coping among the elderly were noticed to be accepting situation the way it comes; carrying out tasks that are within the elderly capacity and trying to develop a new way of life.

Seven articles treated it as sub-topic while some other three articles only used coping to justify their argument in some other way. When Myers et al. (1996, pp. 94-94) were discussing prevention of falls in the elderly, they established that among the stressors that could lead to falls are arthritis and stroke. These stressors can be prevented or corrected by keeping to physical activities as a coping skill. Altogether, about twenty one articles had relevant answers to the first question.

All the articles about nurses' responses and nurses' attitude fall into the second class called nursing intervention. The second question is how do the nurses respond to the elderly during the phase of ageing? About fifteen articles discuss ageing in particular but only four of them extend their discussion to area of nursing response and attitude. Apart from these four articles, there are other nine articles that give details about how nurses extend rehabilitative support to the elderly, which answer the second question. In total, thirteen articles were able to provide answers to the second question.

The author also wished to be sure that most of the articles that answered the research questions were contact based and only few were theory based. The reason for this is that theory based studies use arguments to arrive at their results and there is high chance of making errors in such conclusion. Meanwhile contact based studies use real life data retrieved through interviews, questioners etc to draw their conclusion.

Content analysis is adapted to handle mathematical theories in a text such as tables, questionnaires and interviews. It also has features to blend with laws, regulations, procedures and relate classes in terms of aims and objectives (Methodology manual 2012, p. 1).

This led the author to re-shuffle the articles in the first two groups again to generate another two groups. The two new groups were termed as contact based and theory based studies. Any study carried out with the use of data gotten directly through the help of interviews, questionnaires or extraction of real data from health organization were grouped under contact based.

Those with theories and arguments were also grouped together. Though, contact based studies also have their limitations, efforts were made in the beginning to predict some limitations and ways of dealing with them were put in place.

Therefore, contact based articles that discuss coping in detail were given priority in the analysis as these articles have best features of fitting in properly for the study.

Altogether thirty four articles provided answers to the two research questions seven of these articles appeared repeatedly and therefore not double counted, thus making the total number of articles to be twenty seven. Other articles played silent roles such as giving definitions, background analysis, figurative data, explanation of theories and backing up other important points.

## 6. Ethical consideration

Violation of ethics and right of an organization and individuals is now a common practice, therefore, a study meant for general acceptability or further research work must be kept out of ethic violation. According to Robley (1995, p. 48) ethics is an important research tool and it can be looked at from various perspectives, ethical reports issued by the ethic committee can be used as a guide and support during a review process.

To avoid violating the possible ethical rules in thesis writing, the author presented her topic to the supervisors to seek for their consent and guidance about the direction of the topic. At this stage, any topic realized to be treating subject with possibility of going against public interest or privacy is re-adjusted or changed following the supervisor's advice. All the used journals were extracted from the official academic databases and the author has a genuine right to these databases, being a student of Arcada.

The retrieved academic journals must have already followed the ethical paths in their various studies before being published in the academic databases, therefore, it is believed that using such journals for a study of this type will further enhance the ethical conduct of this thesis.

The thesis followed professional ethical rules of justice. To protect the readers and the users of the thesis, avoidance of harm was taken care of in the structure of the message. Parahoo (1991, p. 36) reported that research content and structure are managed by research ethic.

Plagiarism is a serious offence in academic writings. All the quotes used in the thesis are either from journals, published books or books from Google scholars and are not directly quoted to avoid plagiarism. Any used quotes are properly referenced to accordingly with truth and honesty to the best of the author's ethical knowledge. Personal information of the participants in all the used articles such as date of birth, names, addresses were not revealed to protect their privacy.

The ideas in all the literatures used were not twisted by the author in any form in order to justify the direction of the study. Emotions were not given chance to over ride the proven ideas in the literatures and no real life picture were presented in the study to avoid violating copyright.

## **7. RESULTS**

This section is meant to present the facts drawn out from the review of the articles used for the study. The results will be systematically extracted and objectively analyzed in such a way that they will answer the stated research questions. At the end of each answer, those answers will be diagrammatically presented for easy understanding and the articles that answer the questions will also be presented in a tabular form in the appendices.

### **7.1 How do old people cope with age related changes?**

Different types of coping strategies being used by the elderly and how these strategies are inter-connected will be examined in this section. There are lots of age related changes in the body system of the elderly as described in the background of this study. Age related changes can be classified using body system ranging from circulatory, digestive, endocrine, immune, lymphatic, muscular, nervous, reproductive, respiratory, urinary to skeletal system.

There are many ways of coping with the body changes and type of coping style chosen by the elderly depends on the body condition and target, though in many cases, same coping strategies work for a number of different problems.

Regaining back or adapting to age related changes requires input of efforts, strategies, actions and external resources. The elderly are found to rely more on the existing resources and comfortable coping strategies to keep on with life whenever they are going through ageing process (Duner & Nordstrom 2005, pp.440-443; Wadensten 2006, p. 350).

Most age related changes have tendency of leading to psychosocial problems. The reason is that whenever age related changes begins to manifest in the body system hope will be lost, disordered thoughts will be experienced, stress level goes higher and psychosocial problem would possibly set in.

Coping with stress is mostly taken care of through avoidant attitude and getting busy with some simple tasks that could bring happiness (Kotkamp-Mothes et al. 2005, pp. 214-218). According to Molaschi et al. (1995, pp. 268-270) allowing the elderly to get involved in activities that are moderately physical and attending social gathering with friends, relatives and neighbours facilitate health improvement and build their interest to live.

Coping with pain and heart diseases necessitate adaptive approach. Most times, these problems are long term and the elderly are forced to adapt to continuous ill-feelings. Dysvic et al. (2005, pp. 300-303) stated that continuous efforts in keeping the weakened body in shape; having hope in life; taking care of the body system and engaging in social interaction with other elderly people have been proven to be successful in relieving old people of their stress temporarily.

Elderly people with sight problem, hearing loss and bone-associated problems such as osteoporosis, arthritis and bone weakness experience difficulty in movement. In some situation, movement is almost impossible or spending much of their time in covering a short distance. They try to cope by using walking-aided materials with adequate supporting roles from health care workers.

Health professionals make sure walk ways are free of hazards that can lead to fall. Elderly bones are fragile in nature and when the elderly keep falling, the chance of experiencing bone fracture becomes higher.

Old people with sight and hearing loss use attention diversion; participating in humorous talks with people; observing sufficient rest when needed and all time observation of prayers by the religious types (Myers et al. 1996, pp. 98-100).

Coping with immune system related changes in the body is through moderate exercise, good standard of living, going through pharmacological therapy and adequate rest to restore back the lost energy (Herndler-Brandstetter et al. 2006, p. 132).

Heart problem and advanced stage Cancer of are terminal diseases. Having the knowledge of these diseases is also essential for the elderly because the knowledge forms the basis of their coping strategies.

The knowledge helps them in coping better and the knowledge could be achieved through education and small group discussion with other elderly people.

The diagram below represents the result to the first research question and its relationship with the theory of gerotranscendence and social action.



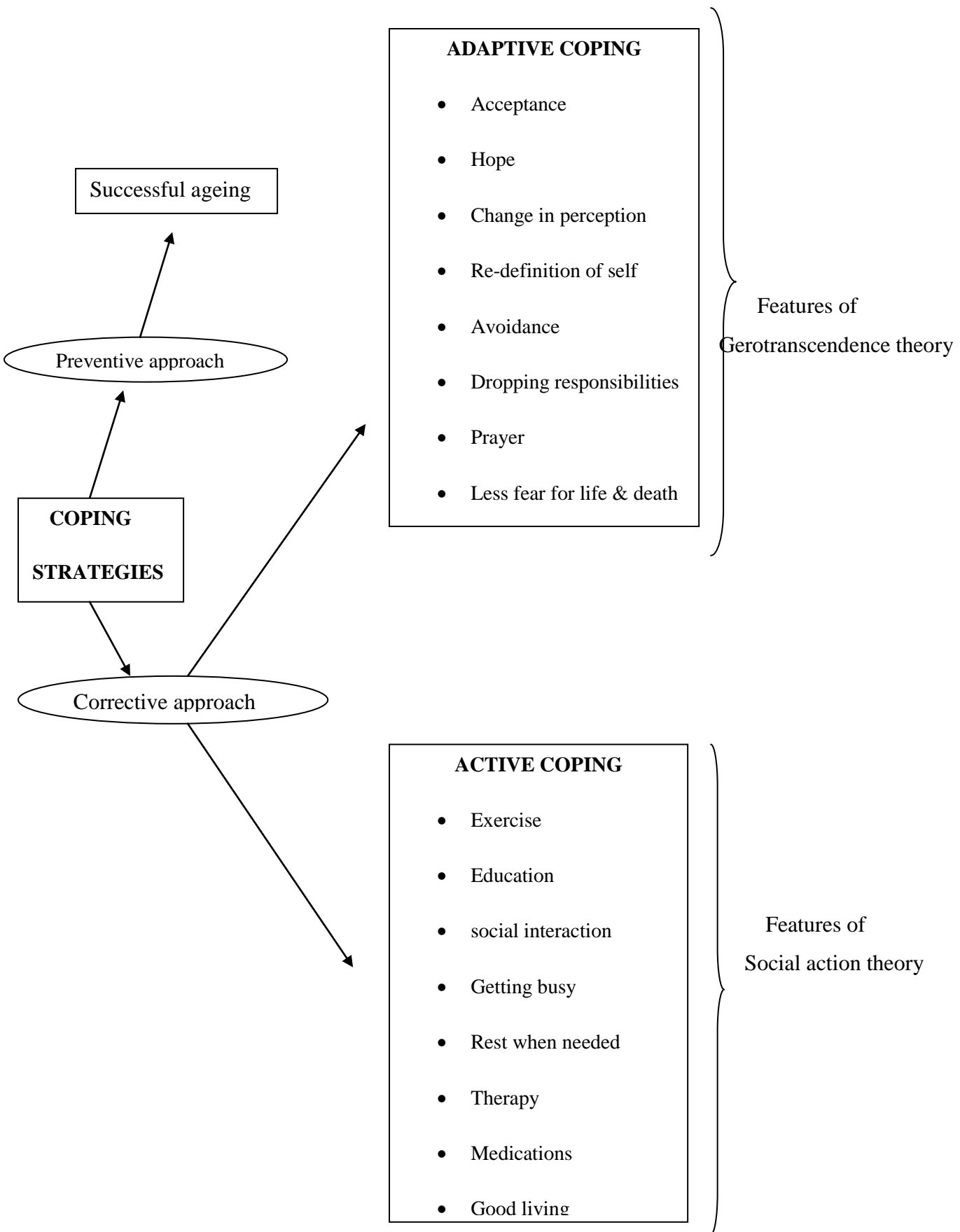


Figure 1: Coping strategy tree

Coping strategies can be categorized in so many ways with sub-categories. The author makes use of the results from the articles to arrive at her own results.

In the author's results, coping is sub-divided into preventive and corrective approaches. Preventive approach is when a well-managed life is lived from young age in expectation of body decline changes in the future (Windsor 2009, p. 875).

Prevention is observed by taking priority in good standard of living, good eating habit and engaging in health promotional activities with the aim to prevent or reduce the effect of future body decline. When this habit of good life is strictly followed, the person stands better chance of not ending up in serious age related problems at old age. Result of this good life is termed as successful ageing (Ouweland 2007, pp. 879-882).

Furthermore, the other aspect of coping is referred to as corrective approach and it is the measure taken to change a situation or manage stressors when it has already happened. Corrective approach is also subdivided into active and adaptive coping. In this study, active and adaptive coping are more preferable as they further lead to coping strategies that comply with the theory of gerotranscendence and social action.

In the background information, adaptive and active coping styles keep emerging as common coping strategies in many literatures.

### **7.1.1 Adaptive coping**

Adaptive coping is a coping method that is targeting the cognitive feelings, way of life, wisdom, thoughts and belief. The main theme of gerotranscendence is structured towards changing the belief and the way people see things. Adapting to a situation seems to be the last coping option when others seems to have failed or when the health condition is irreversible and terminal.

When age related changes reach this level, adaptation is assumed to be the best among other coping skills. Adaptation comes with change in the way old people think, people become less interested in the material things, develop more love for people around them and show less fear for death and life. The religious ones go spiritual as a way of adapting to condition by becoming prayerful and hope for the best.

Study of Koenig et al. (1995, pp. 369-375) states that coping approach rests majorly on new perception of life, attitude and mind set. Most of the time, chronic pain in the elderly never goes off. When the elderly keep complaining about pain, it increases the bad feelings which indirectly worsen the health. In this regard, trying to believe that the pain is not really there and get busy with some other activities help (Dysvik et al. (2005, pp. 300-302)

Furthermore, Bagheri-Nesami & Oskouie (2010, pp. 578-582) see ageing as unavoidable gradual process of body deterioration and the best way to approach it is increasing association with others, self-control, avoidance, dropping responsibilities, managing one's negative behavior and problem solving through change in lifestyles.

### **7.1.2 Active coping**

Active coping is an ability to improve one's health condition or minimize further damage to the body by applying physical efforts to regain back one's health. Old people tend to be naturally inactive due to their worsened state of health and fear of risking their life. Due to this, some of them lose interest in going through series of activities that come with coping strategies. Therefore, keeping fit remains a major problem of some old people.

According to social action theory in the study of Duner & Nordstrom (2005, pp. 439-442) man is the person that can influence his own life by acting towards achieving his intentions. In the elderly people, intentions are described as goals that need to be attained to make a better life. This better life is achieved through keeping fit and maintaining good health.

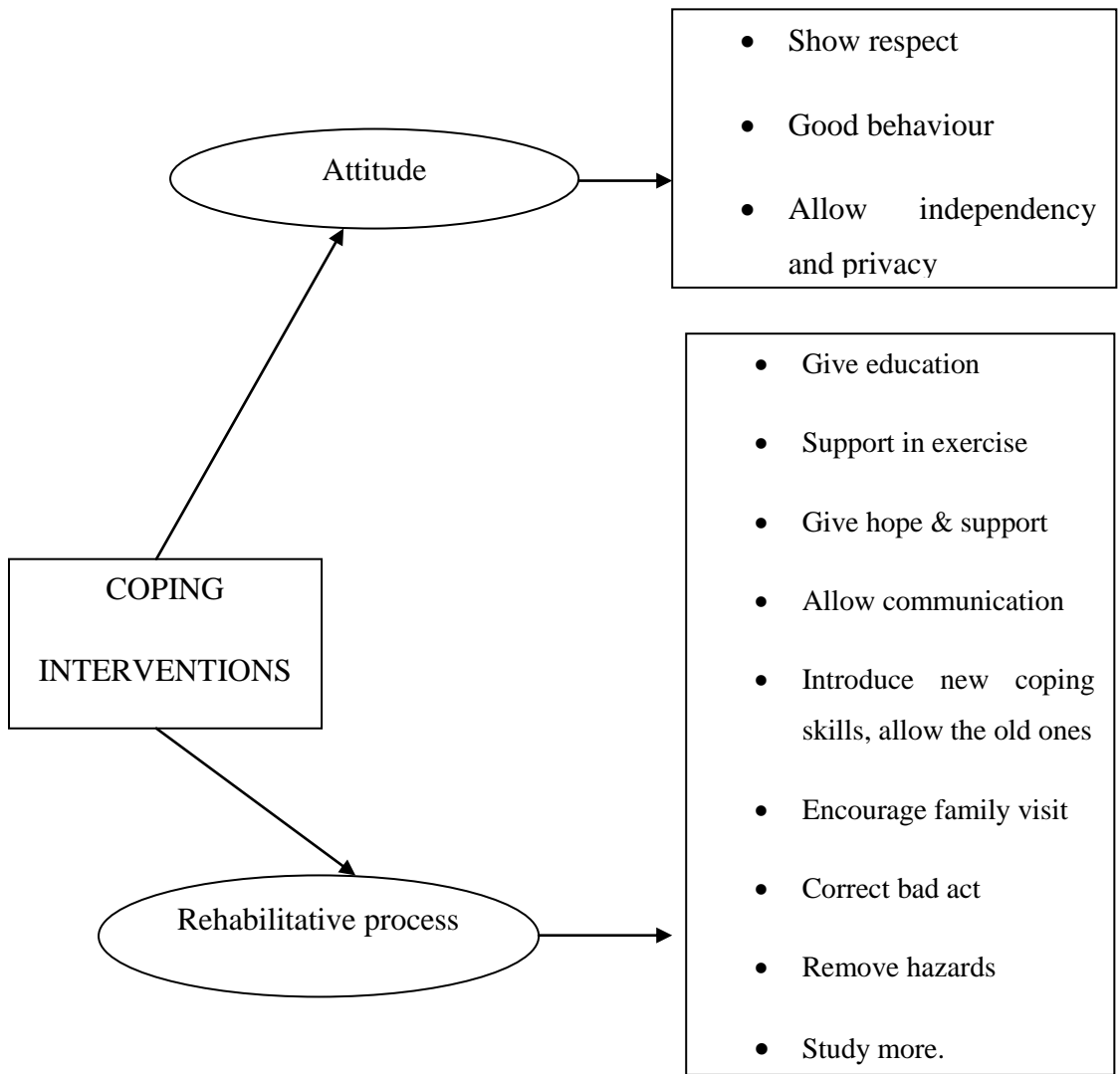
Many old people keep trying a number of coping skills on a routine basis simply because they want to be independent, maintain privacy and live their normal life as usual (Cohen et al. 2011, 223-224).

Coping with age related changes requires exercise, busy life, hanging out with people in small groups and getting education about aging process. Participation in programs that keep the body and soul fit is very important to old people and their interest has to be considered before introducing them to any coping program (Sturnieks et al 2008, pp. 471-474).

In this study, coping strategies that evolved as a result of the research share the same features with the theory of gerotranscendence and social action. These features are change of perception about life and death, having hope in life, acceptance of the situation they find themselves; moderate social interactions, exercise, getting busy with simple tasks, therapy, rest, education, good living, acquiring wisdom through education; seeing oneself in a new way with the belief of having no disability; less fear for life and death.

## **7.2 How do nurses respond to elderly people during ageing?**

In achieving coping strategies, nursing interventions are very important. According to the study of Duner & Nordstrom (2005, 444-446), the elderly are described as people who need some other external resources to cope with their challenges. Nurses are the closest health professionals to the elderly people who help them in putting the coping strategies into practice.



### 7.2.1 Attitude

Mood of the elderly people changes in response to nurses' attitude. With good responses and attitude from the nurses, elderly people develop trust and hope in them. Change in attitude of the nurses is not enough, they also need to have constant contact with the elderly and give them adequate education about self care management (Seccombe 2007, p. 462).

The elderly improve better in an environment where proper attention is being given to them. Nurses can ultimately promote old people's health by giving attention if at all the elderly's responses seems irrelevant. Monitoring and correcting the negative actions of the elderly is also important as these people are liable to engage in such dangerous and suicidal actions.

In the research of Kotkamp-Mothes (2005, pp. 214-220) it was established that good attitude of the nurses towards the relatives brings the relatives close to the patients, though relatives of cancer patients also experience psychological stress due to the state of the health of their family member but their presence around the patient have positive effect on the patient recovery.

### **7.2.2 Rehabilitative support**

Process of rehabilitation is managed better by the nurses. Elderly people, especially those with serious health conditions, are in need of nurses to engage them in coping strategies. Effective rehabilitative process as described by O'Sullivan & savage (2008, 185) requires nurses to have skills in **critical analysis of the situation and** have a proper skills to deal with it in order to create a better life for the clients.

Nurses give education on health, change their beliefs and teach ways of living with or adapting to their present health situation; give them hope about life, introduce them to new coping skills without over-looking the previous skills and design a regular program for them to follow.

It is the duty of the health professionals to allow old people to use their previous coping skills and grant them right to have independent lives; provide them a comfortable and secured environment; practice a good communication that allows mutual understanding (Kaba & Shanley 1998, pp. 84-86).

Exercising the body requires availability of nurses around them especially old people that are very weak. Most elderly people are prone to fall, Nurses help in removing the obstacles to make the walk way risk free and assist in daily activities.

Stressed old people do not naturally have interest in people around them, it is the responsibility of the nurses to encourage them to participate in social activities with other residents or community people. Besides, Old people are emotionally unstable but they develop hope when they feel the presence of their relatives around them. Nurses intervene by encouraging the relatives to pay visits routinely to the old people.

## 8. CRITICAL ANALYSIS

The topic of this study is too broad, it has to do with giving details about coping with age-related changes in the elderly. Age related changes comprise of vast number of diseases that occur to the body system during the phase of ageing. It was deduced from various studies that when human being ages, the immunity weakens and defense mechanism barrier is broken. Therefore, all kinds of diseases can easily gain access into such body system.

Doing findings about various age related changes in the elderly and how to cope with these lots of changes led the author to 72 journals and 5 books.

The author realized in her search that no single pre-existing article based its study on analyzing all age related changes because age related changes are too many. Only one aspect of it is treated and this made it possible for the previously done researches to be more focused and intensive.

Though the journals are many, the use of systematic literature review to analyze the retrieved data really helped in managing the large numbers of journals. The large volumes of literatures were brought under control and all the relevant ideas were comparatively analyzed.

In some articles, there are sample problems especially studies being carried out to on certain old people for three or more years. Some of these old people die in the process or become mentally unstable. Mental instability put them in unfit position to continue with the procedure and the procedure has to go on with the the rest of the people. The author believes that such circumstances may influence the outcome of the results.

Some articles argue their points from opposite direction. In most of the articles, it is established that ageing is a process of decline in general body functionalities which eventually lead to death.



Meanwhile, Douglas & Schmucker (2005, 650) are on point that ageing itself does not lead people to death but only breaks the immunity barrier and weakens physical ability of the old people which create ways for diseases or stressors to invade the body system. Such diseases or stressors are the ones that lead people to death.

From the same angle of reasoning, Ridder & Schreurs (2001, 206-208) claimed that effect of coping strategies on chronic or terminal disease is so minimal or close to zero. Therefore, they concluded that the gain behind coping practice is not worth the whole stressful process. It is also stressed in their study that coping as a practice cannot be fully implemented in a clinical practice environment, claiming that it is more of theoretical idea.

The author noticed that same research studies with the same goals arrive at different results when age limit is not properly defined. Old age is defined with different ages in different countries and it is found that age boundary influences the results of studies that have the same target. Results of a study that consider samples ranging between the age 50 to 60 years cannot be compared with that of 80-90 despite the fact that they have the same objective.

Validity and reliability are two important features of a study. Validity is maintenance of the study accuracy by considering the factors that surround it and the ability of the research to measure the conditions set out in the beginning of the study.

This thesis was carried out by using systematic literature review method which allows the use of published pre-existing scientific literatures that have already been proven to be standard for educational researches.

Research work was limited to books and reliable journals got from academic databases. The year of publication was given a priority because the recent the journal, the better it is. The author would have preferred to limit the year of publication to 2000 and above but many relevant journals have their root in the literatures carried out in 1990s.

Therefore, the considered journals are from 1990 onwards which makes it possible for the results of this study to share the same features as the other recent research results in the same field.

Equal attention was given to all ideas that evolved during the review in order to free the work from biases. Theory of gerotranscendence and social action were used to explain the coping ideology and a number of theories were also examined before choosing these theories.

Reliability of a study is when the results of the used journals are similar despite different methods. The author focused the attentions on the results of the used journals if they are arriving at a closely related point.

Efforts were made to make sure selected articles from the academic databases are all treating the subject related topic that is in line with the author's topic of research. Although errors cannot be minimized to zero level, efforts were made to keep the errors minimal in such a way that it does not affect the reliability of the results.

Furthermore, about nineteen studies are contact based with the use of interview, questionnaires as data collection tools. Real life information were used to draw their conclusion and their results were proven accurate when compared with some other studies in the same field. Using these kinds of studies make this study to be more reliable.

In every study, limitations cannot be totally avoided, limitations came up at every stage of the work which might probably work against the reliability of the work if not taken care of. The main theme of the study is coping which has a strong connection with feelings, emotions and attitude. Some limitations were predicted in the beginning of the study and ways of handling them were also put in place.

## 9. DISCUSSIONS

Ageing is a process that leads to decline in health status and limits the activity of the old people. Despite of this, old people remain curious to maintain their privacy with little or no external influence, they want to live independent life and go around by themselves (Duner & Nordstrom 2005, p. 440).

The elderly are challenged by the outcome of ageing process but to keep moving with life, coping strategies become an essential way out.

The findings show that coping is a proven strategy being used by the old people in managing disabilities or stressors brought about by age related changes. The study made use of two research questions that led to the results.

Though, the two questions are too broad and each of them would have been sufficient enough for the study if well modified, the author choose to make use of the two questions separately so that the results can be more detailed and clearly categorized.

Corrective approach appears to be common practice of coping in the literatures. This is coping with or modifying one's life to adapt to stressors when they have already occurred. Actively engaging in social activities such as exercise keeps the bones and body in good shape. Getting busy, involvement in social interaction and going through physical and psychosocial therapies were found in a number of literatures to have improved health status.

Social action is very important in the lives of the old people as it keeps the body and mind in shape and give the elderly the will power to engage in some of their less strenuous daily activities. Most of the elderly find it difficult or risky to engage in active tasks because of their health status but according to the study results, the elderly who managed to participate in active roles were healthier more than those that disengaged themselves.

Mental health disabilities in the elderly such as stress, depression, alzheimer's disease and dementia keep rising among the elderly. Though, mental disabilities are not clearly proven to be caused by ageing but they are mostly common among the old people and less among the younger ones.

Use of social intervention was proven successful in coping with mental disabilities. In most cases, when the elderly face serious decline in vision loss and heart complications, they are highly disturbed about their health condition and may affect their mental ability.

Managing underlying problems that are responsible for the mental disabilities have direct positive effects on mental disability. Meanwhile, less chronic mental disabilities can also be easily managed by getting busy, participation in social gathering and education.

Adaptive approach has also been mentioned in most of the reviewed articles as coping strategies that work for age related changes which failed to be managed by active approach. The elderly with incurable diseases like cancer or those that are physically or mentally unfit to engage in any active coping usually adopt adaptive approach. They try to adapt to this condition by changing their perception about the condition through having hope and accepting the situation the way it is.

The religious ones become stronger in beliefs with prayer and hope for possible better life. There is a re-definition of self. They also try to avoid going through unstable mood by acting as if the situation does not really exist. Meanwhile, due to their inability to play their previous roles as usual, they have no other option than to release both the family and societal responsibilities to the people.

Preventing the seriousness age related changes was proven possible through preventive approach and achieving this is what is called successful ageing. Successful ageing is described as living a good life such as good eating habit, moderate exercise etc over a long period of time as we grow with the intention to minimizing or preventing the seriousness of age related changes that could set in at old age. Few of the old people are found to have observed preventive approach.

Gerotranscendence sees progressive change of mind as a way of adapting to a situation that one cannot control or when there are no adequate resources to manage the situation. Adapting to situation like this free the mind of the old people. Old people that live in their private homes normally take faith and believe in acceptance as the main working coping skill (Birkeland & Natvig 2009, p. 262).

In answering second question, impact of nursing response was examined. Effectiveness and proper implementation of coping strategies rest on the nurses. Nurses are knowledgeable in identifying signs and symptoms of age related changes and they equally have professional skills to handle such situations. Old people are fragile human being and going through coping without the presence of health professionals is risky.

Attitude of the nurses towards the old people has a significant role to play. The elderly develop more trust and love towards nurses with good attitude and those that are friendly. Getting the old people educated should be a continuous practice simply because educated old people are more open to welcome rehabilitative supports.

Offering rehabilitative support to the elderly during coping phase makes it possible to achieve positive effect in the use of coping. Hope, re-assurance, smooth communication, introducing new coping skills, correcting bad behaviour and removing potential hazards impact the elderly's health status.

However, looking at the coping effectiveness from another angle, some old people who have gone through coping strategies stated that effect of coping is little and does not last for a long time. They concluded that, going through such difficult activities only makes them feel better for a short time does not worth it.

## 10. CONCLUSION AND RECOMMENDATION

It is supported in so many ways in the reviewed articles that coping has positive effect on age related changes but its effectiveness is determined by how old is the person, multiples of age related changes, seriousness of the illness, relatives' participation, attitude of the nurses, available resources and the environmental factors.

However, old people go through pain during adapting to coping styles planned to be carried out within a shortest time-frame. This pain can be reduced if long term plan is introduced rather than a short term plan that is packed with lots of difficult exercises.

Learning how to cope at times involves going through exercises to keep the bones in good shape. Some old people that are too weak or those that are suffering from chronic illness are naturally too lazy to get involved in coping practice that involves exercises. They believed coping practice add up to their pain but with lots of encouragement from the nurses, these people can be convinced to participate in coping practice.

Naturally, most families wish to be involved in the coping plan designed to help their aged or sick relative but proper inclusion in the plan of the relative is the responsibility of the nurses.

As regards recommendation, the author realizes that at this level of research, she is not yet in a position to make recommendation, therefore, suggestions are offered for the future researchers in this field or related fields.

In the future study, a researcher could consider working on coping with age related changes in relation with a specific condition of the elderly, such as 'Coping with age-related vision loss in the elderly.

This will allow the researcher to go deeper into the topic rather than researching on coping with all age-related changes in the elderly. Another research area that can be looked at in the near future is 'What are the nurses' perceptions about the impact of coping strategies on the elderly?'. Nurses are more in contact with the old people than any other health care personnel and it will be worthwhile to always assess the impact of any practice before committing resources into it.

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## **12 APPENDICES**

Appendice 1: Results analysis of the articles with samples

Article titles	Authors' name & Publication year	Samples	Data Collection tools	Results
Coping with chronic pain	Dysvik. E et al. 2005.	88 people from age 18-67	Data extracted from organizational database	Coping with pain is a difficult process and it is psychological, compare to pain indicator and demographic variables
Intentions and strategies among elderly people coping in everyday life	Duner. A & Nordstrom. M. 2005.	22 people over age 65	Direct Interviews	The old people managed through active, adaptive and passive approaches through independent life and dependent life.
Learning to live with it: Coping with the transition to cancer survivorship in older adults	Towsley. G. L. et al. 2007.	55 older adults. (Age 65-81). 24 females, 31 males	Telephone interviews	The samples use past experiences as coping strategies and acceptance, optimism, confidence in treatment, hiding information from the public.
Loneliness, Depression and Health status of the institutionalized elderly in Korea and Japan	Kim, O. et al. 2009.	184 elders from 65-98 years	Direct interviews	Loneliness and depression vary across countries, it is more common among korean old people than in Japan.
Gait in the elderly	Prince, F. et al.	Elderly mean	Data extracted	It is discovered that older people

	1997.	age of 68.2 and young mean age of 39.2. Unspecified no. of samples.	from organizational database.	move with higher energy despite the fact that they move slowly.
Health and functional status in elderly patients living in nursing homes	Molaschi, M. et al. 1995.	506 elderly subjects. 78.8% women mean age= 84.2. 21.2% men, mean age = 76.3	Samples from nursing homes, residential homes acute wards, long term wards	Multiple pathological problems are common, half is suffering from dementia, one third are suffering from cardiovascular diseases, one-quarter is going through chronic obstructive long disease & stroke, bone fracture, strength impairment and speech problems.
Voice therapy improves quality of life in age-related dysphonia: A case-control study.	Berg. E. E et al. 2006.	55 patients older than 50 years of age	Data extracted from medical records	Voice therapy has significant impact on age related dysphonia in more than half of the samples.
Coping with ageing and failing health: A qualitative study among elderly living alone.	Birkeland, A & Natvig, G. K. 2009	20 elderly patients with average age of 82 years.	Contact interviews	Elderly people found to be able to do some tasks that require less strength, using acceptance, cognitive and behavioural adjustment to the newly found situation.
Fall direction, bone mineral density, and function: Risk factors for hip fracture in frail nursing home elderly.	Greenspan, S. L et al. 1998.	132 ambulatory residents. (95 women and 37 men)	Extract of medical record from long term medical facility	Analysis shows that the residents that fall and experience fracture must have fallen sideways and have low bone mineral density.
Diabetes education in the elderly: a 5-year follow up of an interactive approach	Garcia, R & Suarez, R. 1996	148 diabetic patients with age 60 years	Interactive meetings	Some of the samples improved in knowledge, adherence leads them to reduction in mistakes in self-aided tasks like insulin injection, feelings



		and above.		about diabetes change, no of obese patients among them reduce.
Nursing intervention for the quality of life of diabetic adults	DeSouza, M. S. & Nairy, K. S. 2003.	60 samples (30 diabetic adults and 30 control samples)	Direct participation of the patients.	Results show that educating patients as nursing intervention helps the patients to comply with their care plan.
Persistence in goal striving and positive reappraisal as psychosocial resources for ageing well: A dyadic analysis	Windsor, T. 2009.	240 older adults	Questionnaire	Individual continuous striving improves mental health status but not really having such impact on the other features.
Risk factors of major depression in the elderly	Heun, R. & Hein, S. 2005	1431 elderly people	Extract from medical record	Responsible factors for depression is found to be age, female gender, history of depression, cognitive, anxiety, memory impairment.
Introducing older people to the theory of gerotranscendence	Wadensten, B. 2005.	Unspecified number of older people	Interactive session	Large number of the older people agreed their ageing process is in line with the theory of gerotranscendence and agreed that interaction session is good for ageing discussion.
Religious coping and cognitive symptoms of depression in elderly medical patients.	Koenig, H. G. et al. 1995.	832 medical inpatients	Extracted from medical record	Religious coping help the older people to cope with social withdrawal, hopelessness, restlessness, low self esteem, loss interest, boredom.
Age, pain and coping with rheumatoid arthritis.	Watkins, K. W. 1999.	121 mix of old and young	Questionnaire	Older people use maladaptive coping strategies more and both old and young use active coping strategies.

Acceptance of pain: A study in patients with advanced cancer.	Gauthier, L. R. 2009.	81 older patients	Questionnaire	Pain acceptance leads to achieving good psychological well-being.
Interventions used by nursing staff members with psycho-geriatric patients resisting care	Werner, P. 2002.	50 nurses	Contact based interviews	Interventions were similar, calling of physiscians or using restrain when the patients go physically aggressive.
Age related changes in emotional memory	Leigland, L. A. 2004.	61 samples (36 elderly & 25 young people)	Contact based session.	Noticed that there is change in meotional memory of the older people as a result of age related changes

Appendice 2: Results analysis of the articles without samples

Article titles	Authors' name & Publication year	Results
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Coping and Schizophrenia: A re-analysis	Rudnick, A. & Martins, J. 2009.	Six coping strategies were resulted at. They are support and passive coping, active coping, hope, good thoughts, guilt and indirect coping and nonvoluntary coping.
The nurse's role in teaching coping strategies to prevent heart disease.	Kaba, E. & Shanley, E. 1998.	Thorough understanding of the coping strategies, teach the patients, allow patients to use their already existed coping strategies, introduce them to new ones, give support, allow informed judgement and change patients' distorted beliefs.
Prevention of falls in the elderly	Myers, A. H et al. 1996	Risk factors for falls are physical functioning problems, weak muscles, sensory impairment, medical conditions, medication effect, psychological imbalance, behaviour, social problem and environmental hazards.
Developing interventions for chronically ill patients: is coping a helpful concept.	Ridder, D. & Schreurs, K. 2001.	Coping is mentioned in a number of literatures to be helpful.
Managing depression and anxiety in the elderly patient.	Katona, C. 2000.	Antidepressant appear to be effective in the elderly in managing depression but the elderly are susceptible to side effects of long term use antidepressant.
Stress, depression and immunity: the role of defense and coping styles.	Olf, M. 1999.	Stress is noted to worsen depression and have negative impact on immunity as well. Coping styles have little influence on stress, depression and immunity because other factors such age and gender are not influencing it.
Nursing contributions to mobilizing older adults following total hip replacement in Ireland.	O'Sullivan, M. et al. 2008.	Maintaining existing abilities and roles, health promotion, avoid further problems, keep disability as low as possible, regaining of responsibilities, improving the psychological well-being of the elderly.
Chronic pain in the elderly	Gagliese, L. &	Many elderly people go through serious pain that can interfere with their daily lives and they are getting right treatment for it. Reasons

people	Melzack, R. 1996.	may be due to unreliable assessment method, not well managed by considering possible medication side effects or the pain may be wrongly taken to be as a result of ageing and assumed it cannot be controlled.
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Appendice 3: Nursing intervention

<b>NURSING INTERVENTIONS</b>	
<b>Attitude</b>	<b>Rehabilitation process</b>
Good behaviour, Allow independency and privace, Respect	Education, Encourage family, Give hope, Introduce new coping skill, Exercise, Corect bad act, Remove hazards, Give hoe & support, allow two way communication, study more

Appendice 4: Coping strategy

<b>COPING STRATEGY</b>
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PREVENTIVE APPROACH	CORRECTIVE APPROACH		
Successful Ageing	Problem-Focused	Emotion-Focused	
	Medication, good living, free walk way, therapy such physiotherapy, psycosocial therapy etc	Active	Adaptive
		Exercise, rest, getting busy, prayer, education, social interaction	Hope, avoidance, change of perception, re-definition of self, acceptance, less fear for life and death.