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# Perceived Social Support, Hassles, and Coping Among the Elderly

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*An essential aspect of aging is successful coping. This entails learning how to deal effectively with change, losses, disappointments, and decline. The present study examined the relationship between coping, social support, daily hassles, functional disability, and physical and psychological health status in a sample of 224 community-residing older adults. Data were collected using a confidential and anonymous questionnaire. Results of structural equation analyses showed that social support was associated with fewer daily hassles. Social support was also indirectly related to daily hassles—that is, by increasing proactive coping. Further results indicated that proactive coping was inversely related to health hassles and functional disability. Proactive coping also was indirectly related to somatization and functional disability through health hassles. Results also showed that greater functional disability was associated with greater somatization. Implications of the results for healthy psychological functioning in the elderly are discussed.*

**Keywords:** proactive coping; functional disability; daily hassles

Research on the elderly suggests that aging is taxing, and with age, many resources that individuals have taken for granted begin to dwindle. An essential aspect of aging is successful coping. This entails learning how to deal effectively with losses, disappointments, and decline. As people age, they have to cope with regular and frequent failure in attaining the action goals they set for themselves. With aging, people experience an increase in stressful life changes such as loss of a spouse, retirement, or forced relocation (Bisconti & Bergeman, 1999; Kahana, Oakes, Slotterback, Kahana, & Kercher,

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1995). Additional stressors in the elderly include reduced income, illness, loss of a driver's license, and/or becoming a caregiver for a family member who is ill (Schultz & Heckhausen, 1996). For many elderly, stressors steadily accumulate thus resulting in significant frustration in their aspirations to maintain a normative adult lifestyle and increasing their dependence on others. They may also be unable to engage in desired activities to obtain gratification in social relationships thereby resulting in dissatisfaction. According to Vezina and Giroux (1988), for the elderly, stressors are often daily hassles and include things such as worries about health and well-being, not having enough money for personal needs or basic necessities, feeling lonely, and problems with grandchildren.

Whereas daily hassles refer to minor day-to-day psychological and physical difficulties, functional disability addresses the extent to which an individual is able to engage in independent living and accomplish routine daily activities. With aging, functional ability decreases. Many people find that they are unable to do daily things that they used to take for granted. This may include bathing oneself, going up a flight of stairs, or taking a bus or train oneself. In addition, certain chronic conditions become more prevalent with age such as arthritis, stomach problems, and vision and hearing impairments. With declining physical ability, there is a greater chance of accidents. This situation is similar to that depicted by Brandtstadter and Wentura (1995) when they described the plight of the elderly in coping with developmental changes. As people age, to maintain particular standards, they employ a variety of strategies. They may try to boost their performance by increased training or concentrating on particular tasks or use external aids to compensate for functional losses (Baltes & Baltes, 1980, 1990). To achieve congruence between actual and desired courses of development, individuals must either try to modify the course of personal development in accordance with personal goals and aspirations (assimilative mode) or adjust personal goals to constraints of development (accommodative model). Brandtstadter and Wentura argued that individuals will engage in assimilative activities as long as they see a reasonable chance that such behavior will help them achieve their goals.

The behavior that occurs in the assimilative mode, as described by Brandtstadter and Wentura (1995), coincides with behavior associated with proactive coping as described by Greenglass and colleagues (Greenglass, Schwarzer, Jakubiec, Fiskensbaum, & Taubert, 1999; Greenglass, Schwarzer, & Taubert, 1999). Proactive coping involves setting goals and having efficacious beliefs concerning the acquisition of these goals. Individuals do not wait for stress to occur; they actively set about positioning themselves and their resources in an advantageous position. Proactive coping consists of

efforts to build up general resources that facilitate promotion toward challenging goals and personal growth. The Proactive Coping Inventory (PCI) was constructed to assess different dimensions of a proactive approach to coping and consists of seven subscales, including Proactive Coping, Preventive Coping, Reflective Coping, Strategic Planning, Instrumental Support Seeking, Emotional Support Seeking, and Avoidance Coping (Greenglass, Schwarzer, & Taubert, 1999). The PCI is theoretically based on Schwarzer's (1999a) proactive coping theory. In constructing the PCI, the Proactive Attitude Scale (Schwarzer, 1999b) and the General Self-Efficacy Scale (Schwarzer, 1998; Schwarzer & Jerusalem, 1995) were used as external criteria to locate items related to proactivity. For purposes of this study, we will focus only on one of the PCI subscales, namely, the Proactive Coping Scale, a 14-item scale that combines autonomous goal setting with self-regulatory goal attainment cognitions and behavior. The Proactive Coping Scale has high internal consistency and good item-total correlations. A principal component analysis with varimax rotation confirmed its factorial validity and homogeneity thereby supporting a one-factor solution (Greenglass, Schwarzer, & Taubert, 1999).

Previous research has demonstrated that scores on the Proactive Coping subscale are positively correlated with self-efficacy in a sample of Polish Canadian adults and Canadian students (Greenglass, 2002; Greenglass, Schwarzer, & Taubert, 1999) with internal control, preventive coping, and active coping (Greenglass, Schwarzer, & Taubert, 1999) and scales assessing planning, goal setting, and positive reframing (Greenglass, Schwarzer, & Taubert, 1999). Additional data have shown negative correlations between proactive coping scores and denial, self-blame, and depression in a variety of different samples: Canadian university students (Greenglass, Schwarzer, & Taubert, 1999), Polish Canadian adults (Greenglass, Schwarzer, & Taubert, 1999), and Polish university students (Pasikowski, Sek, Greenglass, & Taubert, 2002). Findings further indicate that proactive coping is significantly associated with lower burnout and higher professional efficacy in employed Canadian adults (Greenglass, 2002, 2005) and with lower threat and less loss appraisals in German teachers (Schwarzer & Taubert, 2002). Accordingly, the data suggest that proactive coping is a self-regulatory coping strategy that is associated with higher levels of well-being, lower levels of depression, and better psychological functioning.

Individuals vary considerably in the resources they bring to stressful situations. Personal resources include coping strategies and personality attributes such as self-efficacy and social support. Better individual resources empower individuals to cope more effectively with stress. The ideas put forth by Greenglass et al. (Greenglass, Schwarzer, Jakubiec, et al., 1999;

Greenglass, Schwarzer, & Taubert, 1999) are consistent with the conservation of resources thesis that people are active participants in looking forward in their lives, considering their goals, evaluating obstacles and advantages offered by the environment, and acting to enhance their resources, including social support, and limiting their resource losses (Hobfoll, 1989).

Selection of emotionally meaningful social relationships may be necessary to elicit the resilience needed for successful adjustment to the difficulties associated with aging (Carstensen, 1992). Low social support is associated with poor physical and mental health, either directly or indirectly (House, Robbins, & Metzner, 1982; Schoenbach, Kaplan, Freedman, & Kleinbaum, 1986). Social support can be a source of useful, practical, and informational resources, which can contribute in a positive way to the construction of other coping forms.

### *Present Study*

The purpose of the present study is to examine the relationship between proactive coping, functional disability, daily hassles, and social support in a sample of the elderly. Data are collected using a self-report questionnaire. Functional ability is measured by asking elderly respondents to indicate how much difficulty they experience with everyday activities such as dressing, washing, shopping, and using the telephone. It is expected that proactive coping should be associated with lower levels of hassles and lower functional disability because proactive coping involves efforts to build up general resources that facilitate promotion toward challenging goals, in this case, performing daily activities that allow elderly persons to retain their independence. It is further expected that higher functional disability should be associated with higher self-reports of somatization including headaches, pains in various parts of the body, and low energy. Given the importance of social support in alleviating stress, it is expected that greater social support should be related to lower levels of daily hassles. Social support should also be associated with higher levels of proactive coping, because better individual resources, including social support, empower individuals to cope more effectively.

To test these ideas, the data were examined in two structural equation models. In the first model, it is predicted that living arrangements should be related to the amount of support an individual receives, with individuals living with others reporting more social support. Individuals reporting higher levels of social support should cope more proactively and experience fewer daily hassles. In the second structural equation model tested here, it is predicted that proactive coping should be associated with lower functional

disability and that functional disability should be linked with higher levels of somatization. Furthermore, proactive coping should be associated with fewer hassles related directly to one's health.

## Method

### *Respondents*

Respondents were 224 community-residing older adults attending various community centers that offered programs for seniors. The age of the respondents ranged from 62 to 98 years with an average age of 75 years ( $SD = 6.88$ ). Approximately half lived alone (50.5%), and most were retired (88.3%). They were predominantly female (78.2%). Forty-five percent were widowed, 39.8% were married, and 15.2% were single, separated, divorced, or common law. Fifty-five percent were involved in volunteer work—on average, 7.30 hours per week ( $SD = 6.12$ ). The respondents were also involved in a variety of hobbies and general-interest classes (e.g., traveling, cooking, gardening, knitting, yoga, bowling, and cards). Only 14.3% reported less than a high school education: 52.6% had completed high school, 22.5% had completed community college or an undergraduate university degree, and 10.5% had a postgraduate degree. Overall, the sample was a healthy one; in comparison to others, 25.6% reported their health as excellent, 52.1% reported their health as good, 19% indicated their health was fair, and 3.3% felt their health was poor.

### *Measures*

*Daily hassles.* The Hassle Scale—Elderly Form (HS-EF; Vezina & Giroux, 1988) was used to assess the frequency of hassles during the past month. This scale consists of 64 items with five subscales, each addressing different domains: health, money, environment, interpersonal conflict, and daily household tasks. The HS-EF is derived from Kanner, Coyne, Schaefer, and Lazarus's (1981) 117-item Hassles Scale. Examples of hassles assessed include worries about health and well-being, not having enough money for personal needs or basic necessities, feeling lonely, and problems with grandchildren. Higher scores indicated greater total daily hassles. In the present study, the alpha coefficient for total daily hassles was .97.

In addition, for this study, the Health Hassles subscale was used separately for one of the analyses. This subscale, which consists of 13 items, such as

worries about bodily functions, a physical illness, and a decrease in physical capacities, was added to get a total Health Hassles subscale score. The alpha coefficient for this subscale in the present study was .89.

*Functional disability.* Functional disability is used with the elderly to measure how much difficulty they experience with everyday activities such as dressing, washing, shopping, and using the telephone. It also includes more strenuous physical activities such as doing heavy work around the house (shoveling snow, washing walls), stooping, crouching or kneeling, and lifting or carrying something as heavy as 25 pounds. It was measured with Krause's (1998) Functional Disability Scale, which has been shown to be a reliable and valid measure (Liang et al., 2003). The original scale, derived from the work of Liang (1990), contains 14 items. For this study, it was modified slightly by adding an item: going to the toilet. Respondents indicated if they experienced difficulty in performing any of the daily living activities. A higher score indicates greater difficulty. The alpha coefficient in the present study was .87.

*Somatization.* Somatization was measured using seven items from the Brief Symptom Inventory (BSI; Derogatis, 1993). The BSI is derived from the Symptom Checklist-90—Revised, and has been shown to be a reliable and valid measure (Derogatis, 1993). Although the BSI is often used with psychiatric populations, the scale has also been used successfully with medical patients, community samples of individuals who are not patients, college students, and the elderly (Derogatis, 1993). Somatization reflects distress arising from perceptions of bodily function. Items focus on cardiovascular, gastrointestinal, and respiratory complaints. Respondents were asked to indicate on a 5-point scale that went from 1 (*not at all*) to 5 (*extremely*) how much each problem has bothered them during the past 7 days including today. An example item is "feeling weak in parts of your body." Scores were calculated by obtaining the mean of the items, with higher scores indicating greater somatic complaints. In the present study, the alpha coefficient was .83.

*Social support.* Twenty-six items from the Social Support Behaviors Scale (SS-B; Vaux, Riedel, & Stewart, 1987) were used to measure social support. This revised scale was designed to measure three dimensions of support: (a) emotional support, (b) practical assistance, and (c) advice/guidance. Responses were obtained on a 3-point scale, where 1 indicated "no one would do this," 2 was "one person would do this," and 3 was "more than one person would do this." Items' scores across subscales were summed to obtain a composite measure of social support. Higher scores indicated greater

perceived/received support. The SS-B has good internal consistency for several college and community samples (Vaux et al., 1987; Vaux & Wood, 1987) and good temporal stability during a 6-week interval in a college sample. In addition, convergent and divergent validity have been found with measures of support network resources and support appraisals. Furthermore, construct validity has been demonstrated through confirmatory factor analysis revealing that all items loaded significantly and very highly on the factors they were designed to measure (Vaux et al., 1987). The internal reliability estimate for the overall measure in the present study was .97.

*Coping.* Coping was assessed using the Proactive Coping subscale of the PCI (Greenglass, Schwarzer, Jakubiec, et al., 1999). The Proactive Coping subscale consists of 14 scaled items, from 0 = *not at all true* to 4 = *completely true*, and combines autonomous goal setting with self-regulatory goal attainment cognitions and behavior. A sample item is "I am a 'take-charge' person." In the present study, the alpha coefficient was .84. Studies indicate that the Proactive Coping subscale is a highly reliable and valid measure (Greenglass, 2002; Greenglass, Schwarzer, & Taubert, 1999; Pasikowski et al., 2002).

*Demographic information.* Respondents were also asked to answer general demographic questions, such as age, gender, level of education, marital status, and living arrangements. Respondents were assessed as living with other and living alone.

## Results

Table 1 presents means, standard deviations, and intercorrelations for the composite measures of social support, proactive coping, functional disability, somatization, and daily hassles. Social support correlated positively with proactive coping and negatively with total daily hassles, health hassles, functional disability, and somatization. Proactive coping correlated negatively with daily hassles, health hassles, functional disability, and somatization. Total daily hassles, as well as health hassles, correlated positively with somatization and functional disability. Functional disability correlated positively with somatization.

Structural equation modeling (SEM) was used to explore the relationship between living arrangements, social support, coping, and total daily hassles (see Figure 1). AMOS, version 4 (Arbuckle & Wothke, 1999), was used to provide path coefficients and tests of overall goodness of fit. The maximum



**Table 1. Means, Standard Deviations, and Intercorrelation Matrix of Variables**

| Variable                 | 1      | 2       | 3      | 4      | 5      | 6    |
|--------------------------|--------|---------|--------|--------|--------|------|
| 1. Social support        | —      |         |        |        |        |      |
| 2. Proactive coping      | .18*   | —       |        |        |        |      |
| 3. Total daily hassles   | -.25** | -.24**  | —      |        |        |      |
| 4. Health hassles        | -.19*  | -.28*** | .88*** | —      |        |      |
| 5. Functional disability | -.22** | -.39*** | .51*** | .54*** | —      |      |
| 6. Somatization          | -.25** | -.15*   | .50*** | .48*** | .65*** | —    |
| <i>M</i>                 | 2.44   | 37.45   | 24.79  | 7.01   | 5.20   | 1.49 |
| <i>SD</i>                | 0.51   | 8.24    | 15.99  | 4.10   | 3.59   | 0.63 |

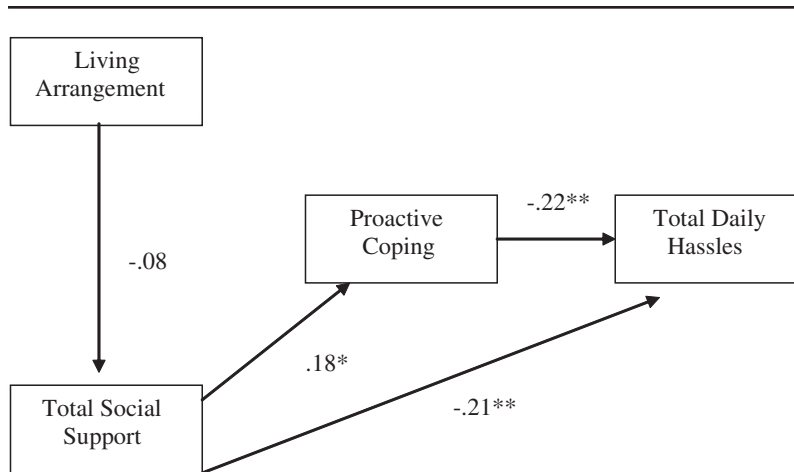
\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

likelihood method of parameter estimation was used. The analysis was performed on 180 respondents. Cases with missing data were excluded from analyses.

The independence model, which tests the hypothesis that the variables are uncorrelated with one another, was rejected,  $\chi^2(6, N = 180) = 27.056, p = .000$ . Thus, the data were suitable for SEM analyses. The goodness-of-fit test,  $\chi^2(2, N = 180) = 0.329, p = .848$ , and the relative chi-square ( $c/min = 0.164$ ) indicated that the data provided a good fit to the model. Other fit indices, Goodness-of-Fit Index ( $GFI = .999$ ), Adjusted Goodness-of-Fit Index ( $AGFI = .995$ ), Normed Fit Index ( $NFI = .985$ ), Incremental Fit Index ( $IFI = 1.00$ ), Tucker-Lewis Index ( $TLI = 1.00$ ), Comparative Fit Index ( $CFI = 1.00$ ), and the root mean square error of approximation ( $RMSEA = .000$ ), were highly satisfactory. No post hoc modifications were indicated.

As hypothesized, higher levels of social support were associated with an increased use of proactive coping ( $\beta = .18$ ) and a reduction in total daily hassles ( $\beta = -.21$ ). Proactive coping was linked to fewer daily hassles ( $\beta = -.22$ ). Social support had an indirect relationship to daily hassles through proactive coping ( $\beta = .18 * \beta = -.22$ ). That is, it acts indirectly by increasing proactive coping, which, in turn, decreases daily hassles (see Figure 1).

To further explore the relationship between daily hassles and coping in the elderly, an additional model was examined. This model explored the relationship between proactive coping, functional disability, health hassles, and somatization (see Figure 2). Again, the maximum likelihood method of parameter estimation was used. The independence model was rejected,  $\chi^2(6, N = 196) = 186.263, p = .000$ , and the goodness-of-fit test,  $\chi^2(1, N = 196) = 1.721, p = .190$ , and the relative chi-square ( $c/min = 1.721$ ) indicated that the data provided a good fit to the model. Furthermore, the  $GFI (.996)$ ,  $AGFI$



**Figure 1. Structural Model of Living Arrangements, Social Support, Proactive Coping, and Daily Hassles.**

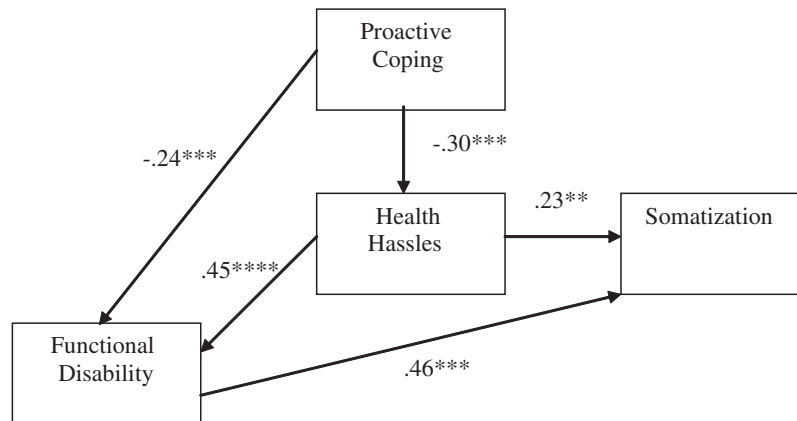
\* $p < .05$ . \*\* $p < .01$ .

(.956), NFI (.981), IFI (.996), CFI (.996), and RMSEA (.061) were all satisfactory.

Proactive coping had a negative relationship with health hassles ( $\beta = -.30$ ) and functional disability ( $\beta = -.24$ ). That is, the higher the proactive coping, the lower the health hassles and the better the functional ability. Functional disability was linked to greater somatization ( $\beta = .46$ ). Proactive coping was indirectly related to both somatization ( $\beta = -.30 * \beta = .23$ ) and functional disability ( $\beta = -.24 * \beta = .45$ ) through health hassles. That is, higher proactive coping was associated with fewer hassles that, in turn, were associated with lower somatization and functional disability. Proactive coping was indirectly related to somatization through functional disability ( $\beta = -.24 * \beta = .46$ ; see Figure 2).

## Discussion

The purpose of the present study was to examine the relationship between proactive coping, functional disability, daily hassles, and social support in a sample of the elderly. Because aging is accompanied by an increase in stressors, particularly losses, the study of effective coping in the elderly is particularly important. Retention of one's independence is a salient issue for the



**Figure 2. Structural Model of Proactive Coping, Functional Disability, Health Hassles, and Somatization.**

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

elderly given the decrease in functional ability that accompanies aging. In this study, the relationship between coping and functional ability was studied. Results showed that individuals who employed higher levels of proactive coping had better functional ability than those who employed less proactive coping. To the extent that elderly individuals engage in autonomous and self-determined goal setting and strive to commit themselves to personal quality management (proactive coping), they are more able to carry out everyday activities such as dressing, washing, shopping, and using the telephone. Thus, proactive coping positively affects independence in the elderly by contributing to the performance of more everyday activities.

The results of the present study showed further that proactive coping was associated with fewer hassles, specifically fewer health hassles. It would appear that elderly individuals who employ coping strategies based on proactivity are less likely to experience daily stressors (hassles) such as worries about health and well-being or not having enough money for personal needs. These results parallel other findings showing moderately negative correlations between proactive coping and emotional exhaustion in a sample of employed adults (Greenglass, 2000). Emotional exhaustion, a component of burnout (Maslach & Jackson, 1986), is usually considered the prototype of stress. Being exhausted is similar to being emotionally overextended and often results from having too much to do at work with not enough support.

Thus, to the extent that individuals employ strategies that combine autonomous goal setting with self-regulatory goal attainment, they are less likely to experience stressors in the form of hassles. Because health hassles positively correlated with somatization and proactive coping resulted in fewer health hassles, proactive coping was indirectly related to lower somatization. Taken together, the findings suggest that proactive coping strategies are instrumental in increasing functional ability in the elderly; they lower their daily hassles and decrease their levels of somatization.

The present study also examined precursors of proactive coping. According to theory, proactive coping consists of efforts to build up general resources that facilitate promotion toward challenging goals and personal growth. Individuals vary considerably in the resources they bring to stressful situations. Personal resources include coping strategies, personality attributes such as self-efficacy, and social support. Better individual resources empower individuals to cope more effectively with stress (Schwarzer, 2000). Data from the present study indicate that the total social support received, including emotional support, practical assistance, and advice/guidance, contributed positively to higher levels of proactive coping, thus supporting theoretical conceptions of the positive role of social support in the development of proactive coping forms.

To summarize, the results of the present study showed that individuals who used more coping strategies based on proactivity had better functional ability than their counterparts who used proactive coping less. To the extent that elderly individuals engage in autonomous and self-determined goal setting and strive to commit themselves to personal quality management (proactive coping), they are more able to carry out everyday activities such as dressing, washing, shopping, and using the telephone. In addition, more proactive coping was associated with fewer hassles that, in turn, were associated with lower somatization. Thus, proactive coping would appear to be a useful and functional strategy in promoting greater independence, fewer stressors, and lower somatization in the elderly. Moreover, the present results extend previous findings with an employed sample in which proactive coping was found to be useful in managing work-related stress and burnout and in promoting a high level of professional competence at work (Greenglass, 2001). Implications for improving the quality of life for the elderly involve teaching them to employ proactive coping techniques on a daily basis.

Although this study provides some clear contributions to the literature, several limitations should be noted. First, the use of self-report measures could increase the chance that participants responded in a socially desirable manner. A related weakness of self-report surveys is that they may result in common method variance. Another limitation is that the analyses are based

on a cross-sectional design. As a result, it is not possible to draw inferences regarding causal relations among the variables. Although the direction of the hypotheses was consistent with previous research literature, it is possible that the effects may occur in the opposite direction. A final limitation of this study is that only active community-dwelling seniors were examined. Although community-dwelling seniors are representative of most seniors, this restricts the generalizability of the results (i.e., seniors who may be less independent and thus are not able to attend and participate in community center activities or seniors who reside in institutions). Future research should investigate other populations of seniors to determine the generalizability of the results.

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