# Basic Research Factors Related to Perceived Stress among Independent Older Adults Community-Dwellers

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#### Abstract

**Background:** Perceived stress is a negative psychological feeling among older adults. Aim of study: To identify factors related to perceived stress among independent older adults' community-dwellers. Design: A descriptive research design was followed. Subjects and **methods:** A Purposive random sample consisting of 100 independent community dwellers was selected from Elsabeen Faddan Family Center in Mokattem District, Cairo, Egypt. Three tools were used to collect data: 1) Socio-demographic and clinical data of independent older adults' community-dwellers structured interview schedule, 2) Short Portable Mental Status Questionnaire (SPMSQ), and 3) Perceived Stress Scale. Results: older adults who experienced mild/moderate perceived stress represent 60%, and 31.0% of them experienced severe perceived stress. Age and level of education are considered predisposing factors in developing perceived stress among older adults. Conclusion: Age, level of education, no practicing of exercise, and absence of leisure time activities are the observed factors related perceived stress among independent community-dwelling older adults. to **Recommendations:** Management plans and prevention strategies should be conducted to prevent the occurrence of perceived stress among independent community-dwelling older adults.

Keywords: Community, Dwellers, Independent, Older adults, Perceived stress.

## Introduction:

Independent Older Adults Community-Dwellers (IOAC-D) are known as adults who are aged 60 years or above and living independently in their own homes and communities instead of living in assisted living facilities or geriatric nursing home settings. This group can suffer from a large variety of health care problems, from just getting older (not disease-specific) to suffering from multiple pathologies. Age-related changes can put IOAC-D, in many health-related problems, especially those who suffer from chronic health conditions. Stress is a natural, earthborn response to challenges and is delineated by the World Health Organization WHO as a state of solicitude or mental pressure brought on by a demanding circumstance (*WHO*, 2023). Perceived stress is the concerns or ideas of individuals have regarding the amount of stress experiencing during a specific period (*Eltrass et al.*, 2022).

Passions about the unpredictability and uncontrollability of elders' life, the frequency of bothersome annoyances, the quantity of change in one's life, and individual tolerance to manage problems and troubles are all building blocks of perceived stress (*Zoumpourlis V*, *Goulielmaki M*, *Rizos E*, *Baliou*, *et al*, *2023*). As an IOAC-D is incapable of managing the external physiological and cognitive torture of everyday life, tension is an ineluctable& inevitable life experience. (*WHO*, *2023*). Age-related changes transpire; older adults can experience increased liability and distinct stress. The development of perceived stress in aged individuals subsisting in communities is significantly influenced by psychosocial changes. (*Joanna Preston, Bryonnie Biddell, 2021*). Retirement, job loss, income decline, partner loss, major reliance that reduces autonomy, and a decline in social support, among other losses, are also age-related stressors. Furthermore, physical differences, comorbidities, and the use of several remedies all reduce independence (*Mirkka Lahdenperä, Marianna Virtanen, et al*, *2023*).

Globally, the prevalence of perceived stress varies widely, ranging from 5% to 50%, and is projected to double over the upcoming decade and a research conducted in six low- and middle-income countries found that higher perceived stress elevated mild cognitive impairment, underscoring the cognitive risks linked to chronic stress in IOAC-D (*Afsana Anwar, Uday Narayan Yadav,etal 2023*).

Perceived stress is a widespread issue among IOAC-D in Egypt. Research conducted in Mansoura, Egypt, revealed that many elderly individuals faced moderate to severe stress levels, especially those with limited income. Additionally, a quasi-experimental study in Cairo showed that 78% of older participants experienced high stress levels before receiving Psychological First Aid, which significantly reduced their stress afterwards. These results emphasize the critical need for tailored mental health services and support strategies to help alleviate stress among Egypt's aging population (*Amir Jalali, Arash Ziapour, et al, 2024*)

Limited health awareness and lower levels of education may play a role in increasing perceived stress among IOAC-D. (Jennifer Karas Montez, JenniferD. Brooks, 2021). Additionally, older individuals may become stressed due to cognitive decline and deteriorating emotional, social, and psychological well-being—particularly if they lack participation in daily physical activity or recreational engagements (Fanzhuo Zhou a b, Zhaojun Wang a b, etal, 2023). As stress intensifies, it can lead to serious mental health concerns as well as physical health complications. Since perceived stress often goes unnoticed and its underlying factors remain poorly understood (Erin L. George, 2024). Nurses hold a key role in early identification and intervention to prevent its negative consequences in IOAC-D.

## Significance of the Study

Global studies have demonstrated that stress negatively impacts mental health, contributing to conditions such as anxiety, depression, insomnia, denial, anger, and fear (*Xiangdan Piao, Jun Xie & Shunsuke Managi,2024*). In Egypt, a study revealed that most of the participants had moderate levels of stress 54.8% and 41.3% had high levels of stress. There was a statistically significant negative effect of stress on the cognitive functions of participants (P value <0.001). (*Shorouq Alaaeldin, et al.,2023*). IOAC-D with perceived stress has detrimental effects on social and psychological aspects. Consistent with worldwide patterns, the population of older individuals in Egypt likewise experiences perceived stress due to several changes that come naturally with age and have a detrimental impact on social and psychological health. (*Kola L, et al. 2021*)

Nursing plays a significant role in preventing stress among older adults, especially nurses who specialize in gerontology and community-based based by motivating senior citizens to use appropriate and trustworthy instruments to assess and understand their degrees of distress tolerance. Gerontological nurses should then work with the elderly to identify factors that might make it more difficult for them to deal with psychological anguish. IOAC-D will be encouraged to make healthier lifestyle choices, such as eating a balanced diet, exercising frequently, and getting enough sleep and rest, to improve their ability to handle stress. Additionally, IOAC-D should be encouraged to retain proper sociability, be as independent as possible, and recognize bad beliefs and replace them with constructive or healthy ones. Furthermore, communities and policymakers should play a significant role in teaching senior citizens various relaxing practices and strategies to reduce stress among the aging. (*American Psychiatric Association, 2024*).

Aim of the study: To identify the factors related to perceived stress among independent older adults' community-dwellers.

**Research questions:** What are the factors related to perceived stress among independent older adults' community-dwellers?

### **Subjects and Methods:**

**Research Design:** A descriptive research design was used to achieve the aim of the study.

**Setting:** The study subjects were selected from the Elsabeen Faddan Family Center at El Mokattem district, Cairo, Egypt .

**Subjects:** A purposive random sample consists of one hundred (100) independent older adults' community-dwellers who visited the previously mentioned setting, aged 60 years and above, and had normal cognition, were included in the study.

### **Data Collection Tools:**

Tools: Three tools were utilized in data collection as follows:

**1.** Socio-demographic and clinical data of independent older adults' community-dwellers structured interview schedule:

This tool was developed by the researchers based on relevant literature to collect data from independent older adults' community-dwellers related to:

**Part (I):** Socio-demographic data: It is utilized to collect demographic data of independent older adults' community-dwellers as age, sex, spousal relationship, and educational attainment.

**Part (II):** lifestyle habits: It is used to assess independent older adults' community-dwellers' sleeping hours, physical activities as practice exercise, and fluid intake, etc.

**Part (III):** psychosocial status: It is utilized to assess independent older adults' communitydwellers' ability to relax, using an appropriate way for stress and availability of others when needed, and to express feelings. And the presence of leisure time activities.

- 2. Short Portable Mental Status Questionnaire (SPMSQ): This tool was developed by *Pfeiffer (1975)*. It was utilized to assess independent older adult community-dwellers. It was translated into Arabic and approved to be valid and reliable, r = 0.89. The Arabic version was utilized in the present study. The total score is 10. Score 0-2 means that no cognitive impairment, Score from 3-4 means mild cognitive impairment, Score from5-7 means moderate cognitive impairment, and score from 8-10 means severe cognitive impairment among independent older adults' community-dwellers
- **3.** The Perceived Stress Scale (PSS): This tool was developed by *Cohen, Kamarch, & Mermelstein (1983) & Baik, S etal.,2019.* It was translated into Arabic by a researcher and approved to be valid and reliable, r = 0.89. It was utilized to assess situational effects on feelings to develop perceived stress and consists of 10 items, such as anxiety, psychosomatic manifestation, and social withdrawal, in the last month. The Arabic version was utilized in the present study. The total score is 40. Score from 0-13 means low stress, 14-26 mean mild/ moderate stress, and scores from 27-40 mean high perceived stress among independent older adults community-dwellers

## **Data Collection Procedure:**

Permission from the responsible authorities to conduct the study was obtained. The researchers utilized tools one and two to select independent older adults' community-dwellers who will be involved in the present study from the family center.

**Field Work:** Data was collected through 7 months from July 2024 to February 2025. The researchers designed a schedule for data collection from study subjects using tools one and three. Interview interval for each study subject's independent older adults' community-dwellers ranged from 25 - 45 minutes per study subject.

**Pilot Study** A pilot study was conducted on 10% (10) of the independent older adults' community-dwellers to test the clarity, applicability, feasibility, and relevance of the tools used and modifications accordingly done. The independent older adults' community-dwellers who were included in the pilot study were excluded from the present study sample.

# Ethical Considerations in this study included the following:

- Ethical approval to conduct research was obtained from the Ethical Approval Committee of the Nursing faculty, Modern University for Technology and Information, Cairo, Egypt.

- Approval to conduct the present study was obtained from the responsible authorities of the Elsabeen Faddan Family Center under the affiliation of El Mokattem district medical affairs (after explanation of the study aim and purpose).

- Written consent of independent older adults' community-dwellers involved in the present study was taken after an appropriate explanation of the purpose of the study. The study maintained older adults' anonymity and privacy were maintained as well as the confidentiality of the collected data. Independent older adults' community-dwellers were assured the right to withdraw from the study at any time.

**Results: Table (1):** Illustrates that 49% of the IOAC-D were aged 60 to less than 75 years. Females represented 56% of the sample study, and 11% of them were single. University education and more were reported by 55% of the study's older adults. 95% of community-dwelling older adults were not working, and 80% had sufficient monthly income.

**Figure (1):** Shows the level of perceived stress among study subjects as 9% have no stress, 60% suffer from mild to moderate stress, while 31% had severe perceived stress.

**Table (2):** Detects 60% of IOAC-D developed mild/moderate perceived stress, whereas 31% of them suffer from severe stress. Within aging, perceived stress increased as 71% of IOAC-D who aged 75 years and less than 85 years developed severe perceived stress.

**Table (3):** Reveals that IOAC-D who didn't practice exercise were significantly developing perceived stress, as 51.7% of study sample subjects had mild/moderate stress, and 35.5% had severe stress.

**Table (4):** Indicates that leisure time activities had a significant relation with the development of perceived stress among IOAC-D. As 71.0% of IOAC-D who hadn't had leisure time developed severe perceived stress.

**Table (5):** Reports that age, level of education, absence of leisure time activities, and not practicing exercise are observed as factors related to perceived stress among IOAC-D as p > 0.00, 0.006, 0.039 and 0.032, respectively.

# Table (1): Distribution of IOAC-D according socio- socio-demographic characteristics and clinical data (n = 100)

Socio-demographic characteristics	No.	%
Age (years)		
60 - <75	49	49.0
75 - <85	43	43.0
≥85	8	8.0
Mean $\pm$ SD.	7	$3.38 \pm 7.62$
Sex		
Male	44	44.0
Female	56	56.0
Marital status		
Married	26	26.0
Widow	45	45.0
Divorced	18	18.0
Single	11	11.0
Education level		
Illiterate	4	4.0
Read and write	10	10.0
Basic Education	31	31.0
University education & more	55	55.0
Present work		
Yes	5	5.0
No	95	95.0
Monthly income		
Sufficient	80	80.0
Insufficient	20	20.0



Figure (1): Perceived Stress Level among IOAC-D (n = 100)

 Table (2): Cross-tabulated relationship between the perceived stress level of IOAC-D and socio-demographic characteristics (n = 100)

Perceived Stress level								
Socio- Demographic Characteristics	No s (n :	etress = 9)	Mild/moderate stress (n = 60)		Sever (n =	stress = 31)	$\chi^2$	р
	No.	%	No.	%	No.	%		
Sex								
Male	2	22.2	26	43.3	16	51.6	2 172	0.200
Female	7	77.8	34	56.7	15	48.4	2.472	0.290
Age (years)								
60-<75	8	88.9	33	55.0	8	25.8		MCn
75-<85	0	0.0	21	35.0	22	71.0	$18.990^{*}$	− 20.001*
≥85	1	11.1	6	10.0	1	3.2		<0.001
Marital status								
Married	4	44.4	18	30.0	4	12.9		
Widow	2	22.2	22	36.7	21	67.7	10.014	<sup>мс</sup> р=
Divorced	2	22.2	13	21.7	3	9.7	10.914	0.064
Single	1	11.1	7	11.7	3	9.7		
Education level								
Illiterate	0	0.0	0	0.0	4	12.9		
Read and write	1	11.1	2	3.3	7	22.6		MC.
Basic education	0	0.0	23	28.3	7	22.6	$18.393^{*}$	$p = 0.006^*$
University	7	77.8	35	58.3	13	41.9		0.000
education & more	-				_			
Present work								MC
Yes	1	11.1	2	3.3	2	6.5	1.936	<sup>MC</sup> p=
No	8	88.9	58	96.7	29	93.5		0.357
Monthly income	_							
Sufficient	8	88.9	48	80.0	24	77.4	0.573	0.751
In sufficient	1	11.1	12	20.0	7	22.6	0.070	0

 $\chi^2$ : Chi square test MC: Monte Carlo

\*: Statistically significant at  $p \le 0.05$ 

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	Perceived Stress level							
Lifestyle habits	No stress		Mild/moderate		Sever stress		$\chi^2$	р
Lifestyle nabits	(n = 9)		stress(n = 60)		(n = 31)			
	No.	%	No.	%	No.	%		
Smoking history								
Presently smokers	0	0.0	7	11.7	2	6.5		MC
Previously smokers	0	0.0	6	10.0	6	19.4	3.386	p = 0.455
Non smokers	9	100.0	47	78.3	23	74.2		0.433
Nutrition								
Consumption of fruit &								
vegetables							1 1 28	мср=
No	1	11.1	3	5.0	1	3.2	1.420	0.586
Yes	8	88.9	57	95.0	30	96.8		
Fluid intake/day								
<2 L	4	44.4	32	53.3	21	67.7		MC
2 - 3L	5	55.6	28	46.7	10	32.3	2.367	$^{m}p=$ 0.306
>3 L	0	0.0	0	0.0	0	0.0		0.500
Exercise								
Practice of exercise								
Regular	0	0.0	9	15.0	12	38.7	0.520*	мср=
Irregular exercise	5	55.6	20	33.3	8	25.8	9.338	$0.039^{*}$
No	4	44.4	31	51.7	11	35.5		
Sleeping								
Sleeping hours/day								
<6	6	66.7	33	55.0	17	54.8	4 1 1 7	<sup>мс</sup> р=
6 – 8	2	22.2	26	43.3	12	38.7	4.11/	0.353
>8	1	11.1	1	1.7	2	6.5		
Feeling comfortable								
after sleeping								
Yes	5	55.6	43	71.7	21	67.7	0.983	0.612
No	4	44.4	17	28.3	10	32.3	0.705	0.012
Taking nap								
Yes	4	44.4	34	56.7	18	58.1	0 552	0 750
No	5	55.6	26	43.3	13	41.9	0.552	0.739

Table (3): Cross-tabulated relationship between the perceived stress level of IOAC-D<br/>and lifestyle habits (n = 100)

 $\chi^2$ : Chi square test

MC: Monte Carlo

\*: Statistically significant at  $p \le 0.05$ 

	Perceived Stress level							
Psychosocial status	No stress (n = 9)		Mild/moderate stress (n = 60)		Sever stress (n = 31)		$\chi^2$	р
	No.	%	No.	%	No.	%		
Relax easily								
No	5	55.6	20	33.3	6	19.4	1 655	0.008
Yes	4	44.4	40	66.7	25	80.6	4.033	0.098
Using the appropriate								
way for stress								
No	5	55.6	29	48.3	11	35.5	1 024	MCp=
Yes	4	44.4	31	51.7	20	64.5	1.854	0.461
Availability of others								
to express feelings								
No	4	44.4	18	30.0	14	45.2	2 2 4 5	0.210
Yes	5	55.6	42	70.0	17	54.8	2.345	0.310
Presence of Leisure								
time activities								
No	2	22.2	35	58.3	22	71.0	6 9700*	0 022*
Yes	7	77.8	25	41.7	9	29.0	0.8/90*	0.032*

 Table (4): Cross-tabulated relationship between the perceived stress level of IOAC-D and psychosocial status (n = 100)

 $\chi^2$ : Chi square test MC: Monte Carlo \*: Statistically significant at p  $\leq$  0.05

# Table (5): Factors related to perceived stress as observed among IOAC-D:

Factors related to perceived stress	$\chi^2$	Р
Age	$18.990^{*}$	<sup>MC</sup> p <0.001*
Level of Education	18.393*	<sup>мс</sup> р 0.006 <sup>*</sup>
Absence of Leisure Time Activities	6.8790*	0.032*
No practice Exercises	9.538*	<sup>MC</sup> p= 0.039*

 $\chi^2$ : Chi square test MC: Monte Carlo \*: Statistically significant at p  $\leq$  0.05

# **Discussion:**

Negative feelings and psychological reactions that occur during or soon after a stressful event are known as perceived stress. Distress reactions are represented by the subjective sensations of horror, helplessness, and terror (*Tiffany Sauber Millacci, 2023*). Numerous physical, psychological, and emotional changes that come with growing older have a catastrophic impact on older adults' health domains and can lead to the occurrence of perceived stress in these individuals (*Potter, P., Perry, A., Stockert, P., & Hall, A., 2021*). Age-related changes happen naturally; it is crucial to recognize the elements that contribute to perceived

stress to prevent and manage it in community-dwelling older persons who are at risk of experiencing stress by using the right techniques, procedures, and skills (*Miller, S.K., 2021*). Therefore, the current study's goal is to determine the variables associated with older individuals' perceptions of stress who live in communities.

According to the current study, 91% of the participants experienced stress, with 31% experiencing severe stress, and 60% of the IOAC-D experiencing mild to moderate stress. This finding is consistent with the findings of another study that examined the detrimental psychological effects on IOAC-D in the United States. The study found that a significant percentage of participants aged 60 and older reported moderate to severe depressive symptoms (81.6%) and moderate to severe anxiety symptoms (84.5%) (*Emily P. Rabinowitz, Lindsay A. Kutash, et al., 2023*).

Stress is strongly correlated with IOAC-D; study participants who were seventy years of age or older reported feeling more stressed than those who were younger, under 75. This is consistent with recent research that found that, in addition to physical problems, senior citizens who are getting older with advanced age are at risk for developing psychosocial, interpersonal, and mental problems (*Danielle D'Amico, Maya E Amestoy, Alexandra J Fiocco, 2024*).

An aging population may experience more concern as fear, anxiety, depression, and psychosomatic symptoms as a result of physiological and psychological age-related changes. The fact that a person experiences more physiological and psychological changes as they age helps to explain this. In times of public emergency, older persons are thought to be more susceptible. Additionally, this vulnerability is related to a decline in cognition, a decline in physical capacities, a rise in comorbidities, and polypharmacy. Additionally, older persons are at risk of developing mental, psychological, and social problems due to the possible presence of adverse psychosocial conditions and factors, including multiple losses and role change. Since growing older is a risk factor for developing stress, older persons were affected by their dread of dying and their worry of catching the virus (*Emily P. Rabinowitz, Lindsay A. Kutash, et al, 2023*).

The current study found that stress risk rises with the decline of educational attainment. Given that around two-thirds of the study's older individuals had a university degree and were more distress-free, this could be related to educational attainment (see Table 2). This can be shown in the likelihood of maintaining a healthier lifestyle as older adults' educational attainment rises. Additionally, older persons with higher levels of education have greater cognitive reserve and are more health-conscious. This can also be explained by the fact that a higher level of education improves an older adult's cognitive function, such as their ability to solve problems and think critically, which increases their capacity to adopt healthy coping mechanisms that help them manage stress.

Additionally, years of schooling assist older persons in gaining more information and experience, which makes them more adaptable when it comes to altering their risky behavior in favor of better lifestyle habits. Additionally, having a high degree of education increases older adults' chances of finding better employment, particularly after retirement, which raises their monthly income to pay for the necessary medical care.

The current study's findings are consistent with Frakt's (2020) (*Fabiana Rodrigues Scartoni, Leandro de Oliveira Sant'Ana, Eric Murillo-Rodriguez, 2020*) explanation of the connection between health practices and educational attainment. The study found a positive

correlation between healthy behavior and educational attainment. Additionally, according to Frakt (2020), study participants with higher levels of education have better health outcomes, lower levels of worry and sadness, fewer functional restrictions, and a lower risk of developing significant health conditions like diabetes, cardiovascular disease, or asthma. Furthermore, the current study's findings are consistent with those of Taiwanese research by Chao, Lin, and Ma (*Chao, D.Y., Lin, T.M., & Ma, W.Y., 2022*) as well. In the United States of America (USA), Arlinghaus and Johnston (2021) noted that while education is often used in clinical care, not all forms of education promote behavioral change (*Bureau of Democracy,2022*).

The results of the current study showed that regular exercise reduced the likelihood that older persons will experience stress. The current study found that mild to moderate stress was experienced by over half of the IOAC-D who did not practice exercise. This can be viewed as the benefits of exercise, which include improved cognitive function, increased physical capacity, and improved psychological wellness. Additionally, exercise improves physical health, strengthens the immune system, and lowers the risk of contracting infections or other illnesses.

Furthermore, physical exercises can refresh thinking and improve cognitive activities, critical thinking, and problem solving to help IOAC-D change toward wellness and an active aging lifestyle without stress. This finding is in agreement with a study that illustrates that training status can protect older adults through the role of physical activity (*Fabiana Rodrigues Scartoni, Leandro de Oliveira Sant'An,2020*). Exercise also enhances thinking, which is a fundamental aspect of cognitive function, and assists older persons in making the right choices to lead healthier lives and deal with psychosocial challenges. This result is consistent with prior research that has shown that physical activity alone can protect older persons if they are trained (*Fabiana Rodrigues Scartoni, Leandro de Oliveira Sant'An,2020*).

The results of the current study showed that IOAC-D who engaged in leisure activities experienced less stress, because over two-thirds of them did not experience stress. This suggests that engaging in leisure and recreation activities might enhance mental, emotional, spiritual, and physical health. Reading, knitting, learning a language, and writing, for instance, enhance mental and cognitive function; meditation enhances spiritual and emotional function; and physical function may benefit from baking, cooking, exercising, and gardening. Therefore, among IOAC-D, recreational activities reduced stress, anxiety, and depressive symptoms while also improving psychosocial well-being. This finding supports the hypothesis put forth by *Kuykendall, L., Boemerman, L., and Zhu, Z. (2024)* that leisure activities may offer protective advantages for psychological well-being.

### **Conclusion:**

The current study concludes that age, level of education, no practicing of exercise, and absent of leisure time activities are the observed factors related to perceived stress among independent community dwellers older adults.

### **Recommendation:**

From the current study results, we can recommend:

1. Develop a strategic plan for the early detection of factors related to perceived stress among independent older adults' community-dwellers to prevent or eliminate its occurrence.

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2. Develop awareness educational materials for different health care or community settings about perceived stress-related factors among independent older adults' community-dwellers.

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الملخص العربي العوامل المتعلقة بالضغط العصبى المدرك بين كبار السن المعتمدين على أنفسهم االمقيمين في المجتمع المقدمه: الضغط العصبي هو شعور نفسي سلبي بين كبار السن. الهدف:: تحديد العوامل المتعلقة بالضغط العصبي بين كبار السن المعتمدين على أنفسهم االمقيمين في المجتمع التصميم: تم اتباع تصميم بحث وصفى. تم اختيار موضوعات الدراسة من عيادة مركز الأسرة في حي المقطم، القاهرة، مصر (مركز السبعين فادان العائلي). عينة البحث: شارك مائة من كبار السن المقيمين في المجتمع في الدراسة الذين تتراوح أعمار هم بين 60 عامًا فأكثر وكان لديهم إدراك طبيعي. تم استخدام ثلاث **أدوات لجمع البيانات** 1) البيانات الإجتماعية والديمو غرافية والسريرية لكبار السن المقيمين في المجتمع جدول المقابلة المنظمة، 2) استبيان الحالة العقلية القصير المحمول (3 مقياس الضغط العصبي المدرك. النتائج: يمثل كبار السن الذين عانوا من الضغط العصبي خفيف / متوسط 60٪ و 31.0٪ من عينة الدراسة عانوا من الضغط العصبي الشديد. يعتبرزيادة العمر وإنخفاض مستوى التعليم وغياب أنشطة أوقات الفراغ وعدم ممارسة الرياضة من أهم العوامل المصاحبة للضغط العصبي بين كبار السن المعتمدين على أنفسهم المقمين في المجتمع. الخلاصة والتوصيات. خلصت الدراسة الحالية إلى أن العمر ومستوى التعليم وعدم ممارسة التمارين الرياضية وغياب الأنشطة الترفيهية هي العوامل المرتبطة بالضغط العصبي المدرك بين كبار السن المعتمدين على أنفسهم المقيمين في المجتمع. بناءً على نتائج هذه الدراسة، تم اقتراح التوصيات التالية. وضع خطة استر اتيجية للكشف المبكر عن العوامل المرتبطة بالضغط العصبي المُدرَك لدى كبار السن المعتمدين على أنفسهم المقيمين في المجتمع ، وذلك للوقاية منه أو الحد من حدوثه. 2. إعداد مواد تثقيفية توعوية حول العوامل المرتبطة بالضغط العصبي المدرك لدى كبار السن المعتمدين على أنفسهم المقيمين في المجتمع ، وتوزيعها على مختلف مراكز الرعاية الصحية أو المرافق المجتمعية.