

## COPING STRATEGIES AMONG THE ELDERLY IN THE CZECH REPUBLIC

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### Abstract

The goal of the article is to analyze coping strategies, as well as strategies that focus on preparing for better management of the retirement period in the elderly population of the Czech Republic. Research was performed using a quantitative research strategy, a method of questioning using a questionnaire developed by the authors. The sample consisted of nationally representative seniors aged 65+, living in their own households –  $N = 1174$ , across the Czech Republic. The sample was chosen using quota management, where one of the quotas included 14 autonomic entities within the Czech Republic. The results showed that the elderly used negative cognitive and behavioral coping strategies to a low degree. This is a positive result, considering the possible health consequences of these options. In stressful situations, the elderly usually rely on their social support and social network, but this support decreases with increasing age. In the Czech Republic, there is an absence of studies that deal with stress and stress management in the increasing elderly population.

**Keywords:** *Coping; Elderly; Retirement; Strategies; Stress*

### INTRODUCTION

Old age is a period that brings specific demands in relation to coping with a number of physiological, psychosocial, or cultural changes. Therefore, the elderly are expected to use various coping strategies. In the Czech Republic, this topic has only been dealt with in student theses at a local level. The goal of the paper is to analyze coping strategies, as well as strategies that focus on preparing for better management of the retirement period in the elderly population of the Czech Republic.

#### Problem

*Coping strategies and coping with becoming retired*

Coping includes the individual's behavioral, cognitive, or social efforts to control, li-

mit or overcome the inner or outer tension that results from the interaction between the individual and the environment. In other words, it represents the characteristics of the individual's predisposition factors or the situation (represented by environment factors), or the combination of these (APA, 2020). There are two types of coping strategies (Folkman and Lazarus, 1984): problem-focused and emotion-focused. Problem-focused strategies include reactions which attempt to actively deal with the actual problem. These include, e.g., the analysis of possibilities, i.e., looking for new or alternative solutions or developing a new plan for how to proceed. They also include learning new skills. Emotion-focused strategies are used to reassess the situation from a different point of view. They help to decrease the anxiety

caused by a stressful situation. Emotion-focused strategies are more useful in situations that cannot be changed, where the effort to solve the situation could be even more stressful. Interestingly, efforts to deal with a problem can even be observed in children, while the ability to modify one's emotions can be developed as late as adolescence. Different authors mention various types of strategies (Kavitha, 2015).

Individuals who use passive coping strategies rely on external resources, *i.e.*, they hand over the control of the stressful situation to others (Carroll, 2013). Most frequently, they pray, believe in the situation solution, and avoid the stressor. Due to psychological and other consequences, passive coping strategies are regarded as maladaptive (APA, 2020). On the other hand, active coping strategies allow individuals to adapt to the stressor, *e.g.*, they actively change their habits, which results neither in the decrease of independence nor in emotional changes (APA, 2020). In the case of active coping strategies, one's own resources are used to deal with the situation with the help of one's own individual, psychological, and behavioral schemes (Carroll, 2013).

Individual stages of life are associated with specific stressors. In old age, becoming retired is one such stressor, and according to Holmes-Rahe, this occupies 10th position on the scale of the most stressful life events (Holmes and Rahe, 1967). It is associated with specific coping strategies, such as voluntary work, a part-time job, travelling, membership in all sorts of clubs, or getting a pet (Schwartz, 2016).

In old age, additional stressful situations are accumulated, such as the death of a spouse or friends, change of health status, etc. In this phase of life, the elderly encounter a number of life crises, social isolation and increasing depression. (Dar et al., 2018). Coping strategies adopted over the course of life can significantly influence the functional potential of individuals in old age (Tomeš et al., 2017). Therefore, in the 1990s, the phenomenon of "proactive management" of stressful situations emerged. This is described as handling a stressful situation where potential stressors are expected, and activities are performed to prevent situations from creating stress or at least reducing their consequences (Lukavský et al., 2011).

The elderly often use strategies focused on an excessive limitation of exercise. This is caused by the fear of losing physical health, which is typical for this age group (Filiatrault and Desrosiers, 2011). However, this strategy has a negative impact on health and the quality of life. Behavioral strategies prevail in the elderly, and this is reflected by switching from a more demanding physical activity to an easier one, *e.g.*, sport done at a younger age is replaced with birdwatching (Demers et al., 2009). As far as cognitive strategies are concerned, negation prevails. It has been pointed out that the elderly tend to manage stressful situations by focusing on the problem (Palmes et al., 2021). This is also confirmed by León Navarrete et al. (2017).

## MATERIALS AND METHODS

The article represents an output from a project that used a quantitative research strategy; a method of questioning using a questionnaire developed by the authors. Among other things, the article aimed to discover coping strategies and strategies that focus on preparing for the better management of retirement. The questions contained statements about the sources of strategies (*e.g.*, talking with a significant person, alcohol consumption, leisure time activity, etc.), with which the respondent either agreed or disagreed, and could choose any number of statements. The sample consisted of nationally representative seniors aged 65+, living in their own households –  $N = 1174$ , across the Czech Republic. The sample was chosen using quota management, where one of the quotas included 14 autonomic regions within the Czech Republic. Other quotas were gender (57.1% men and 42.9% women) and age. 36.4% of the respondents were in the 65–69 age group, 32.1% were 70–74 years old, and the age groups of 75–79 years and 80+ consisted of 14.7% and 16.8%, respectively.

Data collection was arranged by a research agency and performed during the winter of 2019 and at the beginning of 2020. The data were statistically processed by the IBM SPSS Statistics software using the chi squared test, *t*-test, correlation, and ANOVA at 95% level of significance.

## RESULTS

### Coping strategies

The most frequently used strategy was talking with a close person (a friend), and was mentioned by 52.7% of the respondents. This was followed by talking with a family member – 27.8%. Other options were not represented so frequently, only about 10%. Interestingly, 9.3% respondents answered: “I don’t care.” Negative coping strategies, which included smoking, alcohol consumption, shopping, and overeating, accounted for 14.9%.

Coping strategies were first tested in relation to socio-demographic variables, where a significant correlation was proven between sex ( $p = 0.000$ ), age ( $p = 0.016$ ), marital status ( $p = 0.025$ ), and net household income ( $p = 0.015$ ) and assessment of the social position (see Table 1). Women used strategies based on the consultation with close persons (friends or family members) significantly more frequently, while men more frequently used negative coping strategies. With increasing age, talking with a friend is less frequently used as a coping strategy, while among married individuals, talking with a spouse as a coping strategy increases. Respondents in the income category of 10–15,000 crowns/month significantly more frequently use negative coping strategies than the elderly with a higher income – and this particularly relates to taking tranquilizers and smoking.

Another tested area where all the tested variables were significant included social and cultural contacts (see Table 2). Elderly individuals with sufficient social contacts more frequently use the coping strategy of talking with a close person. Those who, after becoming retired, keep social contacts easily do not

use the strategy of a talk with a close person which is the most typical for those who who reported maintaining social contacts is moderately difficult for them. Elderly persons who have somebody they can ask for help use most frequently use talking with a close person as their coping strategy.

**Table 2 – Coping strategies x social and cultural contacts**

Social and cultural contacts	<i>p</i>	<i>F</i>
Assessment of the abundance of social contacts	0.000	5.606
Social support	0.000	6.807
Keeping contacts	0.000	6.292
Dependence on the assistance of another person	0.000	33.844
Participation in leisure time activities	0.000	17.703
Participation in cultural activities	0.000	24.581

### Strategies focused on preparing for the better management of retirement

On a scale of 1–7, respondents assessed their degree of agreement with the statements in the individual strategies, namely: building relationships with one’s spouse, children and friends, saving/investments, and the adaptation of the home to the needs of the elderly individual. These strategies were first tested in relation to socio-demographic variables (see Tables 3 and 4). Women assess the strategies of building a close relation with their spouse and friends and the adaptation of their homes significantly worse than men – which is logical because of the high number of widowed women at this age. In relation to the other socio-demographic variables tested, the strategy of building a close relationship with the spouse was only significant in the case of the age, since with the increasing age this strategy can be less probably implemented, due to the death of the partner. It can be seen that married individuals use this strategy significantly more frequently than other individuals. Net monthly income correlated with the strategy of maintaining a healthy lifestyle. Subjective perception of social status correlated with all

**Table 1 – Coping strategies x socio-demographic variables**

Socio-demographic variables	<i>p</i>	<i>F</i> / $\chi^2$
Sex	<b>0.000</b>	39,710
Age	<b>0.016</b>	1,918
Marital status	<b>0.025</b>	1,817
Education	0.384	1,065
Income	<b>0.015</b>	1,924
Subjective assessment of social status	<b>0.000</b>	3,827

strategies in the following way: building a close relationship with the spouse –  $p = 0.000$ ;  $r = 0.123$ , building a close relationship with children –  $p = 0.000$ ;  $r = 0.260$ , building a close relationship with friends –  $p = 0.000$ ;

$r = 0.189$ , saving money and investments –  $p = 0.000$ ;  $r = 0.161$ , maintaining a healthy lifestyle –  $p = 0.000$ ;  $r = 0.208$ , and adaptation of the home –  $p = 0.000$ ;  $r = 0.231$ .

**Table 3 – Gender × strategies focused on preparing for the better management of retirement**

Strategies	$p$	T	m
Partner	0.000	-3.898	M 3.98
			F 6.59
Friends	0.005	-2.790	M 2.89
			F 3.97
Dwelling/home adaptation	0.029	-2.186	M 3.42
			F 4.16

**Table 4 – Building of close relationships with the spouse × socio-demographic variables**

Socio-demographic variables	$p$	$r$
Age	0.000	0.110
Marital status	0.000	0.251
Education	0.347	-0.028

Social contacts was another of the areas tested (see Table 5). Maintaining contacts after retirement is a variable that shows the best correlation from the tested variables. First, it has a significant correlation with all the tested variables, and second, the correlations are the most significant. In the case of other variables focused on social relationships, the correlations were minimal.

**Table 5 – Social contacts × coping strategies**

Strategy	Abundance of social contacts		Social support		Maintaining contacts	
	$p$	$r$	$p$	$r$	$P$	$R$
Building the relationship with one's spouse	0.000	0.125	0.059	0.055	0.000	0.261
Building the relationship with one's children	0.000	0.131	0.000	0.158	0.000	0.471
Building the relationship with friends	0.000	0.122	0.000	0.139	0.000	0.366
Saving money/investment	0.009	0.076	0.000	0.121	0.000	0.215
Healthy lifestyle	0.304	0.030	0.000	0.140	0.000	0.280
Adaptation of the home/dwelling	0.006	0.081	0.001	0.098	0.000	0.419

## DISCUSSION

Analysis of the obtained data showed that the respondents used negative cognitive and behavioral coping strategies relatively less frequently. This fact has not previously been pointed out in the professional literature. From the point of view of gender, women use

positive cognitive coping strategies more frequently than men (Wang et al., 2020) – and this was also confirmed by our study. On the other hand, women use emotional support of the spouse significantly less frequently. This may be because there are significantly more divorced women than divorced men ( $p = 0.000$ ,  $\chi^2 = 85.159$ ).

The results show that with increasing age, the use of cognitive coping strategies associated with social support declines. This is logical, as with increasing age the probability of the death of close persons (spouse, friends) increases. Interestingly, respondents who are in the area of self-care and general self-sufficiency independent use negative cognitive coping strategies, in contrast with the respondents who are dependent on care from another person.

The analysis of the obtained data shows that the choice and use of coping strategies correlates with income and socio-economic status. From the point of view of behavioral strategies, elderly individuals with a higher income use active coping strategies. In particular, they more frequently keep to a healthy lifestyle than respondents with a lower income. This may be because maintaining a healthy lifestyle is rather expensive, *e.g.*, buying healthy food (Harrison et al., 2010). It has previously been mentioned that individuals with a lower socio-economic status use negative cognitive and behavioral coping strategies in stressful situations (Knorst et al., 2021). Our study yielded similar results, showing that the elderly who perceived their socio-economic status as low on the scale use mostly negative coping strategies.

## CONCLUSIONS

The goal of the study was to analyze coping strategies the elderly use to managing stressful situations, including retirement. The results

showed that the elderly use negative cognitive and behavioral coping strategies to a low degree. This is a positive finding, considering the possible health consequences of these options. In stressful situations, the elderly usually rely on their social support and social network, but this support decreases with an increasing age. Therefore, we recommend that professionals working with this target group focus on the area of social support, because the results showed that this area is very important for stress reduction. For example, social support can be significantly supported by community services organized by the municipality or social services. At present, no studies deal with stress and coping strategies in the elderly population. We recommend studying this area because it has a great influence on the quality of life in old age. In conclusion, attention needs to be drawn to the use of some of the standardized tools in other studies – since in the Czech Republic there is an absence of studies that deal with stress and stress management in the ever increasing elderly population.

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## Ethical aspects and conflict of interests

The authors have no conflict of interests to declare.

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## REFERENCES

1. APA – American Psychological Association (2020). APA Dictionary of Psychology. [online] [cit. 2020-02-13]. Available from: <https://dictionary.apa.org/passive-coping>
2. Carroll L (2013). Passive coping strategies. In: Gellman M. Encyclopedia of Behavioral Medicine. New York: Springer-Verlag New York, p. 1442.
3. Dar SA, Iliyas I, Dilawar T, Rahman T (2018). A Descriptive Study on Perceived Levels of Stress, Coping and Their Correlation in Retirees of Kashmir Valley. *J Psychiatry* 21(3): 1–4. DOI: 10.4172/2378-5756.1000443.
4. Demers L, Robichaud L, Gélinas I, Noreau L, Desrosiers J (2009). Coping strategies and social participation in older adults. *Gerontology* 55(2): 233–239. DOI: 10.1159/000181170.
5. Filiatrault J, Desrosiers J (2011). Coping Strategies Used by Seniors Going through the Normal Aging Process: Does Fear of Falling Matter? *Gerontology* 57(3): 228–236. DOI: 10.1159/000314529.

6. Folkman S, Lazarus RS (1984). Stress, appraisal, and coping. New York. Springer Publishing Company, 445 p.
7. Harrison M, Lee A, Findlay M, Nicholls R, Leonard D, Martin C (2010). The increasing cost of healthy food. *Aust N Z J Public Health* 34(2): 179–186. DOI: 10.1111/j.1753-6405.2010.00504.x.
8. Holmes TH, Rahe RH (1967). The Social Readjustment Rating Scale. *J Psychosom Res* 11(2): 213–218.
9. Kavitha G (2015). Occupational Stress and Coping Strategies. New Delhi. Discovery Publishing, 176 p.
10. Knorst JK, Sfreddo CS, de F. Meira G, Zanatta FB, Vettore MV, Ardenghi TM (2021). Socioeconomic status and oral health-related quality of life: a systematic review and meta-analysis. *Community Dent Oral Epidemiol* 49(2): 95–102. DOI: 10.1111/cdoe.12616.
11. León Navarrete MM, Flores-Villavicencio E, Mendoza-Ruvalcaba NM, Colunga-Rodriguez C (2017). Coping strategies and quality of life in elderly population. *Open J Soc Sci* 5(10): 207–216. DOI: 10.4236/jss.2017.510017.
12. Lukavský J, Šolcová I, Preiss M (2011). Proaktivní zvládání u osob staršího věku: vztah k vybraným kognitivním proměnným [Proactive coping in the elderly: relationship to selected cognitive variables]. *Československá psychologie* 3: 193–203 (Czech).
13. Palmes MS, Trajera SM, Ching GS (2021). Relationship of coping strategies and quality of life: Parallel and serial mediating role of resilience and social participation among older adults in Western Philippines. *Int J Environ Res Public Health* 18(19): 10006. DOI: 10.3390/ijerph181910006.
14. Schwartz A (2016). Coping With Retirement. [online] [cit. 2023-02-13]. Available from: <https://www.mentalhelp.net/blogs/coping-with-retirement/>
15. Tomeš I, Šámalová K (Eds), et al. (2017). Sociální souvislosti aktivního stáří [Social contexts of active aging]. Praha: Univerzita Karlova, 256 p. (Czech).
16. Wang J, Xiao LD, Wang K, Luo Y, Li X (2020). Gender differences in cognitive impairment among rural elderly in China. *Int J Environ Res Public Health* 17(10): 3724. DOI: 10.3390/ijerph17103724.

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