An Evaluation of Stress Management and Coping Strategies Among Urban Retirees

Article in Transylvanian Review · January 2016
An Evaluation of Stress Management and Coping Strategies Among Urban Retirees

1Tew S. and *2Idris A.

1 Graduate School of Business, University of Malaya, 50603 Kuala Lumpur, Malaysia.
2 Faculty of Business and Accountancy, University of Malaya, 50603 Kuala Lumpur, Malaysia.

Abstract

The current study aimed to investigate how retirement and the resulting stress affect the older population, particularly in urban areas. To address gaps in existing research, four key issues were examined via in-depth qualitative interviews, namely: 1) formation of stress among urban retirees, 2) their coping strategies, 3) evaluation of current stress management products/services, and 4) suggested improvements. The sample population was urban retirees living in Kuala Lumpur, the capital of Malaysia, where brisk socio-economic changes are taking place. Based on a thematic analysis of the interview responses, recommendations were forwarded to address the stress management needs of urban retirees. Results of the study suggest that, in aging societies, the need for more effective stress management programs for the elderly has become pressing. There appears to be a significant demand for stress management systems to be implemented at communal and national levels so that the high cost of running such programs can be shared across the population instead of being borne by individuals and family members. Programs which are collective in nature also provide greater opportunities for friendship and social interactions, mutual teaching and learning, voluntary work and moral support, all of which contribute toward a more wholesome lifestyle for retirees. These findings are expected to facilitate strategy formulation and implementation among government agencies, non-government organisations and social enterprises operating in stress management, not only in Malaysia, but also other developing countries.

Keywords: Stress management, developing nations, product/service providers, qualitative interviews, urban retirees.

Jel Classification: I38, L31.

*Corresponding author: Associate professor at the Department of Business Policy and Strategy, University of Malaya, Malaysia.
**Introduction**

All over the world, socio-economic transformations have brought about great improvements in health and living standards to millions of people. Better education, increased income, improved nutritional status, success in public health initiatives - especially in the provision of safe water and sanitation, better prevention and control of infectious diseases and development of a comprehensive network of rural health service - are some of the factors that have combined to bring a greater numbers of individuals reaching old age with longer life expectancy (Wang, 2013; World Health Organization, 2015).

Among the elderly, retiring from work is a significant personal and social event. The physical, mental and behavioural changes experienced by the retirees themselves, coupled with changes in their social and economic environments, usually result in stress (Hoyt and Renshaw, 2014; Osborne 2012).

According to a study by Bossé *et al.*, (1997), up to 30% of the working population finds retirement stressful. For many individuals, retiring from work means incompetence and a loss of independence. Retirees have too much leisure time on their hands, and cannot occupy their lives with meaningful activities. Retirement can also cause a loss or reduction in income, influence, authority, social relationship, and professional skills. As a result many retirees end up with a sense of loss in job roles and social status, financial insecurity, deteriorating health, dissatisfaction, low self-esteem and lack of social support (Jonsson *et al.*, 2000; Minkler, 1981; Wang, 2013). It is thus important that people approaching retirement are encouraged to plan not only for financial stability but also for maintaining purpose and balance in life through meaningful activities and relationships (Osborne, 2012; Wythes and Lyons, 2006). From the perspective of developing countries, stress management is an under-researched topic. Nevertheless, a handful of studies show that demographics have featured heavily in such research, suggesting that stress management programs must be prepared to address the diverse needs of different target groups. For example, among married female retirees, financial problems followed by family conflicts and responsibilities appear to be the main stressors, while students are primarily affected by uncertainties about their future (Al-Dubai *et al.*, 2011; Al-Naggar and Chen, 2011). Likewise, there are differences in coping strategies; adults rely more on social networking, recreational and religious activities whereas the younger generation prefers active planning to better manage their work pressures (Hayward, and Neal, 2015; Ortega *et al.*, 2013; Wan Hussin, 2012). Like many other developing countries, Malaysia has been experiencing great improvements in living standards, medical advancement and longer life expectancy, together with a decline in mortality. The number of the elderly aged 60 years old and above almost doubled between the period of 1970 – 1991 from 546,000 in 1970 to 1.03 million people in 1991 (Department of Statistics, various issues). This number increased again to 1.4 million in 2010 and is projected to approach 3.43 million in 2020, and 6.3 million in 2040. Similarly, the life expectancy rate has increased from 63.1 to 71.9 years for male, and 66 to 76.6 for female, from 1966 to 2010. By the year 2040, it is projected that the life expectancy is 78 years for males, and 83 years for female. This clearly indicates that demographic ageing is taking shape in Malaysia. Given that the country is fast developing, with an aim to become a fully-developed nation by 2020, this particular research gap obviously merits serious attention since rapid economic development often brings huge challenges for minority groups such as the elderly (Hoyt and Renshaw, 2014; Moularct *et al.*, 2003; Teh *et al.*, 2014).

The current study aimed to contribute to knowledge in this area by investigating stress management issues concerning urban retirees living in Kuala Lumpur (capital of Malaysia), where rapid socio-economic changes are taking place. Four key topics were explored via in-depth qualitative interviews: 1) formation of stress among urban retirees, 2) their coping strategies, 3) evaluation of current stress management products/services, and 4) suggested improvements. Based on a thematic analysis of 17 interview responses, recommendations are forwarded to cater to the stress management needs of urban retirees. Findings of the study are expected to facilitate strategy formulation and implementation among government agencies, non-government organisations (NGOs) and social enterprises operating in stress management, not only in Malaysia, but also other developing countries.

**Materials and Methods**

Stress is generally defined as any experience or sensation that creates physiological, psychological and behavioural imbalances within a person (Flinchbaugh *et al.*, 2015; Houtman *et al.*, 2007; Lazarus, 1990), arising from the disharmony one feels between the self and all the forces that impinge upon that self. It has been studied as a factor leading to physical, mental, and/or emotional reactions resulting from an individual’s response to pressures, conflicts, environmental tensions, unhappiness and other similar stimuli (Flippo, 1984; Fontana and Abouserie, 1993; Hoge *et al.*, 2015; Wan Hussin, 2012). Modern society typically suffers from pressures at the workplace, family conflicts and social expectations. This has resulted in a new set of ‘lifestyle diseases’ described by Mokdad *et al.*, (2004) that comprise the top ten leading causes of death in the United States. Indeed, since the 1980s, research has shown that 50 to 80 per cent of all diseases are stress-related (Mokdad *et al.*, 2004; Newton, 1995).

**Formation of Stress**

Stress means different things to different people, and hence perception of stress is often highly individualized (Korotkov *et al.*, 2010; Lazarus, 1990; Stein, 2010). Although stress often relates to negative thoughts and reactions, it must be noted that not all types of stress are bad. Selye (1976) suggested that humans need a certain level of stress to function effectively, and categorized stress into eustress and distress. Eustress is described as the pressure an individual feels in the presence of threatening demands, and determines how s/he responds to solve the problem (Giorgi *et al.*, 2015; Kozusznik *et al.*, 2015). It acts as a form of motivation to help a person to achieve goals, improve performance, increase self-
esteem and self-confidence. In contrast, distress is a destructive type of physiological, emotional or psychological response to an anxiety-producing stimulus (Houtman et al., 2007; Zastrow and Kirst-Ashman, 2010). A person loses the ability to overcome the stress if it is prolonged over a period of time, and there is a potential risk of premature mortality when s/he is being overstressed. Understanding the factors that contribute to stress is therefore necessary to manage it more effectively and improve quality of life. Stress can be triggered by an array of variables relating to the environmental, organisational, and/or individual perspectives which disturb the equilibrium of the body. In general there are three types of stress, namely acute, episodic and chronic (Bloisi, 2007; Gruen et al., 1998; Stein, 2001; Thoits, 1995), as further described below.

Acute stress has been being identified as the most basic and tolerable type of stress. It is typically intense, flares and disappears quickly, and can be self-managed by addressing the specific demands and pressures of a particular situation or event. Examples of acute stress include meeting a project deadline, sitting for an exam, or recovering from a minor accident. Episodic stress is defined as a repetitive pattern of acute stress followed by intervals of relief, when an individual goes through the same cycle again and again over an extended period of time. Research indicates that episodic acute stress is associated with prolonged stressful events or the daily hassle of life. For example, losing one’s job, financial commitments, marital or family problems, overwork and fatigue. Chronic stress is stress caused by continual confrontation with any stimulus without effective. It happens when a person is unable to figure a way out of a miserable situation. Chronic stress can linger indefinitely and wreak silent havoc on the sufferer, resulting in serious health deterioration, instability of emotion and mind, social isolation, poor decision-making ability, poor ability in planning and handling complex tasks, and low productivity. Examples include the death of a loved one, a traumatic experience such as rape or physical assault, or being diagnosed with a terminal illness such as AIDS or cancer.

**Stress Management and Coping Strategies**

Monat and Lazarus (1991) described stress management as a general treatment approach, such as good nutrition and exercise, to a wide variety of adaptations and health problems. It is a critical component of a healthy lifestyle with healthy behaviours, which might help strengthen individuals’ resistance to stress (Bittner et al., 2010; Edelman and Mandle, 1998; Morimoto and Shimada, 2015).

Humans can manage stress either through adaptive strategies or maladaptive strategies. Adaptive coping targets cognitive feelings, way of life, wisdom, thoughts and belief. Adaptation comes when an individual builds positive thinking, becomes less materialistic, develops more love for people around them and shows less fear for death and life (Dziegielewski et al., 2004; Kahana and Kahana, 2001; Peirecell and Keim, 2007). In contrast, maladaptive coping strategies are conceptualised as reducing stress through negative ways such as alcohol or drug consumption, smoking and interpersonal withdrawal (Martinsen, 1994; Peirecell and Keim, 2007). These maladaptive coping strategies are only effective for a short period of time but with potential long term adverse effects on health. Three most common stress management and coping techniques are elaborated below.

Regular exercise increases strength and stamina, improves the immune system, provides higher energy levels and enhances self-esteem and confidence, and brings about an overall positive and healthy outlook to life. Leith and Taylor (1990) reported that humans feel better when they exercise either through regular physical work or sport activities. Other studies show that patients find exercise enjoyable, challenging and satisfying, leading to a substantial improvement in mood (Bosscher, 1993; Brown et al., 1992; Martinsen, 1994). The positive effects of exercise are often multiplied through relaxation techniques such as massage, Qi Gong, yoga, meditation, music therapy and hypnosis therapy, and with proper nutrition and diet (Daubenmier et al., 2007; Dziegielewski et al., 2004; Peirecell and Keim, 2007; Sandlund and Norlander, 2000). Psychological resiliency through proper time management, relaxation and imagery (visualization or guided daydreaming). Time management helps to balance activities (Türkel and Leblebici, 2001) as goals/objectives are recorded and broken down into smaller projects, action plans, or tasks. This process eases tension and facilitates task completion within the set deadline. At the same time, relaxation slows down metabolism and other physical processes related to it (Janke, 1992). Deep breathing, an important part of the relaxation process, is an effective tool documented as early as the 1940s by Dr. Fernand Lamaze to help mothers cope with pain, tension and anxiety during labour. The breathing technique has gradually been developed and become a stress reduction practice especially in the area of workplace stress management. This has increased job satisfaction, employee retention and ultimately productivity, while reducing healthcare costs and absenteeism (Murphy and Sauter, 2003; Nigam et al., 2003; Richardson and Rothstein, 2008).

Social resiliency emphasises on seeking input from others (Kowalski, 2000; Morimoto and Shimada, 2015). An individual experiencing stress often believes that a trusted person may have better ways of dealing with the situation, and decides to get advice from that person. Discussing difficult experiences with close contacts such as family members, relatives or even professionals provides an avenue for confessing which appears to counter the detrimental effects of stress. A process called “networking” (Luthans, 1987), which involves getting support from social circles such as non-profit organisations and counselling centers, or engaging with charity activities, has also been found to decrease stress (Al-Naggar and Chen, 2011; Hayward, and Neal, 2015; Osborne, 2012; Wythes and Lyons, 2006).

**Retirement**

Retiring from work is one of the most significant events of one’s life. Retirement involves role relinquishment and additional leisure hours that affects a person’s daily routine. It is regarded as the first step in the process of disengagement from society into social isolation and decline in health and life satisfaction (Havighurst and Neugarten, 1969; Mein et al., 1998; Wang, 2013). Consequently, retirement has been found
to impact significantly on, or interrupt, daily routines, social relationships, familial roles and societal roles (Hewitt et al., 2010; Jonsson et al., 2000; Minkler, 1981).

Schlossberg (2004) classified retirement as a transitional journey which only ends in death. It consists of three stages: moving out/letting go, moving through/searching, and moving in/creating a new life. A retiree usually aims to replace participation in the paid workforce with engagement in other meaningful occupations. There are adjustments accompanied by many basic life changes such as time availability, income streams, social networks, social status, which soon have to be made to adapt to a leisure-oriented way of life. These transitional processes are important both for the individual and other members of society to which s/he belongs (Bossé et al., 1997; Hoyt and Renshaw, 2014; Kloep and Hendry, 2007; Osborne 2012). Thus retirement is also a significant social event.

**Data Collection and Analysis**

A qualitative method approach has been chosen for the study since it is an effective technique for discovering a person’s experiences and sheds more details about an event (Bogdan and Biklen, 2003; Denzin and Lincoln, 2000; Mertens, 2015). The aim of a qualitative approach is to unearth the uniqueness of each particular situation by explaining and understanding the context-specific phenomenon through naturalistic, qualitative, inquiry. It attempts to capture individuals' meanings, definitions, and descriptions of events (Strauss and Corbin, 1990). It is oriented toward exploration, discovery, and inductive logic through direct observations of programs, activities and in-depth interviews with participants, without being limited to predetermined goals (Bogdan and Biklen, 2003; Patton, 2002).

Patton (2002) further elaborated the use of inductive analysis on the raw data and reflected under a theme-setting. An open coding method was implemented for theme inducement. Open coding aims at expressing data and phenomenon in the form of concepts. Raw data are firstly being disentangled (“segmented”), followed by units of meaning (single words, short sequences of words) in order to attach annotations and “code” to them (Flick, 2006; Mertens, 2015). The present study was concerned with urban elderly going through retirement, particularly regarding the formation of stress experienced and how they coped with the situation. Since the topic of investigation was a sensitive one which involved sharing detailed personal information, participants were selected based on convenience sampling through personal referencing. In the end, 17 individuals in the capital city of Kuala Lumpur were interviewed, with each interview lasting for approximately an hour, followed up by phone calls for further clarification. The demographic characteristics of the respondents are presented in Table 1.

| Table 1: Profile of Respondents. |
|---|---|---|---|
| ID | Age | Sex | Previous Occupation | Family Background |
| A | 61 | Male | Teacher | Divorced/Living alone |
| B | 83 | Male | Civil servant | Married/2 children |
| C | 68 | Female | Civil servant | Widowed/Living alone |
| D | 65 | Male | Teacher | Married/1 child |
| E | 77 | Male | Businessman | Married/ 4 children |
| F | 69 | Male | Businessman | Married/ 2 children |
| G | 70 | Male | Lawyer | Married/No children |
| H | 73 | Male | Doctor | Married/ 2 children |
| I | 80 | Male | Businessman | Married/1 child |
| J | 71 | Female | Administrator | Single/Living alone |
| K | 72 | Male | Businessman | Divorced/1 child |
| L | 68 | Male | Human Resource Executive | Married/2 children |
| M | 75 | Male | Accountant | Married/ 3 children |
| N | 66 | Female | Nurse | Single/Living alone |
| O | NA | Female | Teacher | Married/1 child |
| P | 71 | Female | Teacher | Married/3 children |
| Q | 78 | Male | Civil servant | Married/3 children |

Qualitative studies involve a continuous interplay between data collection and data analysis (Denzin and Lincoln, 2000; Strauss and Corbin, 1994). This study followed the steps in data analysis techniques as outlined below, based on the interview questions set out in Table 2.

**Step 1**

Organize and prepare the data for analysis. Researcher reviews audio recorder and notes taken from interviews and transfers into word document transcripts. After the interviews, data are analysed and potential themes noted.

**Step 2**

Scan through all data. Researcher reflects on the overall meaning to gain a general sense of the information and ideas conveyed by respondents.
Table 2: Theme Setting and Interview Questions.

<table>
<thead>
<tr>
<th>Theme setting</th>
<th>Interview questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formation of stress</td>
<td>• Have you ever felt stressed?</td>
</tr>
<tr>
<td></td>
<td>• What types of stress have you experienced?</td>
</tr>
<tr>
<td></td>
<td>• When did these issues/conditions begin to materialize?</td>
</tr>
<tr>
<td></td>
<td>• How did these issues/conditions materialize?</td>
</tr>
<tr>
<td>Stress management/</td>
<td>• What do you do to address the stress?</td>
</tr>
<tr>
<td>coping strategies</td>
<td>• What external help do you seek to alleviate stress?</td>
</tr>
<tr>
<td></td>
<td>• [External help refers to anyone in the family, friends, professional counsellors,</td>
</tr>
<tr>
<td></td>
<td>NGOs, etc.]</td>
</tr>
<tr>
<td>Evaluation of current</td>
<td>• Do you use any stress management products and services?</td>
</tr>
<tr>
<td>products/services</td>
<td>[Stress management products/services include travelling, physical exercise, social</td>
</tr>
<tr>
<td></td>
<td>activities, therapy (medicinal or nature care), etc.]</td>
</tr>
<tr>
<td></td>
<td>• Do you feel better after using these ‘de-stress’ products/services?</td>
</tr>
<tr>
<td></td>
<td>• Will you recommend these products/services to your friends and relatives?</td>
</tr>
<tr>
<td>Suggested improvements</td>
<td>• How can the above products/services be improved to alleviate stress?</td>
</tr>
<tr>
<td></td>
<td>• What other additional products/services do you think will help you manage your stress</td>
</tr>
<tr>
<td></td>
<td>better?</td>
</tr>
</tbody>
</table>

The interviews were conducted carefully to ensure a trustworthy relationship and rapport with the respondents at all times. Open-ended questions were used to enable participants to respond freely and openly to queries. Probing questions were used, when necessary, to encourage participants to elaborate on or clarify a response. Each participant was provided with a transcript of the dialogue several days after the interview and given an opportunity to verify his/her response.

Results

While the results are reported in discrete sections as follows, there is considerable overlapping among them. This occurs because participants’ responses to interview questions often addressed more than one issue. In such instances, the interview data are described where they appear to fit most logically.

Formation of Stress

Out of the 17 interviewees, 14 indicated that they experience stress regularly, although each experience is unique. The most common type of stress experienced is episodic stress where the individual goes through repetitive and regular feelings of pressure and discomfort arising from the retirement process.

Participants described retirement as the first step in the process of disengaging from society into social isolation, a decline in health and a general dissatisfaction with the quality of life. Participants who regarded work as central to their lives were stressed due to the loss of job roles, loss of social status and recognition, and lower self-esteem as a result of retirement. Retirement brought frustration and anxiety to them during the first six months. They were unable to occupy their time, and could not find meaning in life anymore.

Respondent E: “I do feel it. It is difficult to adjust to retired life. Don’t know what to do sometimes. When we are about to retire, youngsters don’t show much respect and concern to their seniors.”

Respondent F: “Sometimes I do feel stressed and keep wondering whether I still have any value to society.”

Respondent H: “Yes, stress is part of life… need to deal with it. Feeling disengaged from society and loneliness.”


For some, changes in personal and social roles have resulted in frustration and agitation, which affects family and social relationships. As a result, retirement-induced stress is potentially a social phenomenon which is faced not only by the retiree but also others in his/her social circle.

Respondent N: “Yes, I feel stressed all the time. Being a mature student, it is very stressful in terms of overloading of assignments and exams. Feel stressed when I try to balance between my studies and family life. It has taken up a lot of my time. My spouse feels neglected whenever I can’t join her in social activities.”

There is also evidence of chronic stress as a result of a serious illness, either suffered by the respondents themselves or their loved ones.
Retirees cultivate social resiliency by getting involved in activities such as voluntary work, group karaoke, and skill-building courses (including computer, cooking, handicraft and calligraphy classes) to maintain engagement with society. They also become more connected with religion, often spending time praying and reading holy books.

Respondent P: “In my neighbourhood, the religious community is very strong. There are regular group activities like holy book recitals, religious talks… we even perform holy pilgrimage together. My neighbours are a great source of comfort because my own children live quite a distance away.”

Two participants facing health problems were going through spiritual therapy to improve their psychological resiliency through prayers, meditation and yoga. To them, there was no miracle or instant product/service that can cure their illness, and that spiritual healing and the individual’s own willpower to overcome stress are the ultimate solutions. Various forms of physical exercise such as walking, Qi Gong, gardening and swimming appear to be very popular strategies in stress management among the respondents.

Most of them believe that engaging in regular physical activities may slow down the aging process and help them to stay strong and healthy. In chronic stress cases, such as that experienced by Respondent O, professional counselling also helps.

Respondent O: “I am feeling much calmer and able to control my emotions after going through counselling sessions and talking to family members and friends. I can sense strongly the support and care from my family members and friends. I am not alone to face this problem. I accept the fact and ready to go through this tough and challenging journey with my lovely wife till her last moment.”

Evaluation of Current Products/Services

About half of the sample use specific products and services to manage stress, including health supplements, professional counselling, classes or courses, and massage or physiotherapy. As indicated by Respondents C and H, these individuals are generally satisfied with the quality and effectiveness of the products/services currently used.

Respondent C: “I enjoy therapy and massage services. They make me feel relaxed. I definitely would recommend the service to my friends. I really feel good after doing it and it really reduces my stress level.”

Respondent H: “Enrolling in short courses… get into same age groups and join activities such as internet surfing, upgrade IT skills and group exercises. Yes, I would recommend it to others since it will enhance their lives.”

However, one outstanding comment noted across the respondents is the cost of current products/services. The word “expensive” cropped up very frequently throughout the interviews, primarily due to the fact that the products/services are available only from private, profit-oriented enterprises. Most health supplements, for instance, are no longer supplied by government clinics and must be purchased at private pharmacies, while physiotherapy at public hospitals are only offered to critical cases such as abuse or accident victims.

Hence it appears that current products and services for stress management are available only to a handful of retirees...
who can afford to pay for them. Obviously, in an urban setting where the cost of living itself is a cause of stress to most retirees, this situation poses a dire dilemma in stress management.

**Suggested Improvements**

More than half of the interviewees indicated that a community-run centre within each neighbourhood is the right way forward, especially to help overcome the aforementioned cost constraints. Since community centres are non-profit and benefit from public donations as well as government grants, they can offer retirees protection from exploitation and profiteering. Having a centre within each neighbourhood will also reduce the geographical distance that retirees need to travel to enjoy the facilities provided, and inspire a spirit of voluntarism among members of the community.

Respondent A: “We need good counsellors, therapists and psychologists to discuss and to seek relieve treatment. Government and community should provide more of these services with cheaper and affordable prices to retired people like us. People like us need someone to talk to.”

Respondent D: “To set up a community centre for old people where we can sing, dance and perform many activities together.”

Respondent I: “A proper structure and safe community centre would definitely attract more retirees and elderly people to get together. Organise different activities to encourage other people to join in too.”

Respondent O: “It will be good if there are more non-profit organisations to provide counselling services to retirees like us.”

Although they are no longer part of the working population, the respondents appreciate the opportunity to develop their skills continuously as this helps to stimulate their physical, mental and emotional capacity. Based on the answers provided by two participants, lifelong learning has also been identified as a gap in stress management strategies among the study sample.

Respondent M: “Set up a community centre and use it as a platform to learn from each other different skills such as needlework, cooking skill, handicraft, playing musical instruments, learning IT, et cetera.”

Respondent N: “Provide training programs that cater to the needs of retired people like us... so that we can learn at our own pace and don’t have to compete with young students.

Programs should be geared towards keeping our minds healthy and working.”

Besides the advantages of a healthy mind and body, continuous learning or skill-building increase their chances of securing part-time work and additional income. One respondent further suggested that special provisions are made to employ retirees in certain occupations that are appropriate for their age and experience. It is clear from the following response that part-time work can serve as a stress management strategy not only because of its financial value but also because it enables retirees to improve their social status and self-esteem.

Respondent J: “Schools should hire retired teachers like me to be part-timers... help in various school activities and administration tasks. We are still fit to handle most of these functions and to contribute to society.”

**Discussion**

In a qualitative study, discussions often revolve around the emergence of themes based on the interview responses (Flick, 2006; Patton, 2002). Hence, to facilitate further discussion, the above findings are first summarized in Table 3. Based on the table, four underlying themes can be identified relating to the occurrence and management of stress among Malaysian urban retirees. They are: 1) physical and psychological factors, 2) financial wellbeing, 3) social networking and support, and 4) government policies and programs, as elaborated subsequently.

**Physical and Psychological Factors**

By comparing the interview responses with the definitions of acute, episodic and chronic stress given earlier in the paper, it can be shown that the participants of this study also indicate a high incidence of acute and episodic stress as a result of physical and psychological factors. This finding is consistent with previous studies (Bloisi, 2007; Gruen et al., 1998; Murphy and Sauter, 2003; Richardson and Rothstein, 2008; Sandlund and Norlander, 2000), which found that the sudden shift from an active professional life to one of leisure affects the elderly population because of their reduced physical movement and productivity. With less mobility, health and fitness tend to suffer while lower productivity leads to lower self-esteem.

<table>
<thead>
<tr>
<th>ID</th>
<th>Formation of stress</th>
<th>Stress management/ coping strategies</th>
<th>Evaluation of current products/services</th>
<th>Suggested improvements</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Acute; brother-in-law’s illness</td>
<td>Professional counsellor (for sister’s family)</td>
<td>Expensive; inconvenient distance</td>
<td>Community centre/public counselling</td>
</tr>
<tr>
<td>B</td>
<td>Chronic; personal illness</td>
<td>Physical exercise, massage, meditation</td>
<td>Satisfactory</td>
<td>Walking and Qi Gong</td>
</tr>
<tr>
<td>C</td>
<td>Acute;</td>
<td>Religious activities,</td>
<td>Satisfactory</td>
<td>Therapy and massage</td>
</tr>
<tr>
<td>D</td>
<td>Episodic; finances</td>
<td>Social activities, supplements</td>
<td>Inconvenient distance</td>
<td>Greater volunteerism; community centre</td>
</tr>
<tr>
<td>---</td>
<td>-------------------</td>
<td>-------------------------------</td>
<td>----------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>E</td>
<td>lower self-esteem; Episodic;</td>
<td>Social activities/travelling</td>
<td>No response</td>
<td>Community centre</td>
</tr>
<tr>
<td>F</td>
<td>loss of social status; Episodic; finances and family problems; disengagement from society</td>
<td>Social activities, health</td>
<td>Expensive</td>
<td>Organized social activities</td>
</tr>
<tr>
<td>G</td>
<td></td>
<td></td>
<td></td>
<td>Community centre</td>
</tr>
<tr>
<td>H</td>
<td></td>
<td></td>
<td></td>
<td>Organized social activities</td>
</tr>
<tr>
<td>I</td>
<td>lower self-esteem; Episodic; finances</td>
<td>Social activities</td>
<td>Inconvenient distance</td>
<td>Community centre</td>
</tr>
<tr>
<td>J</td>
<td>aging; Episodic; threat of chronic disease; Episodic; finances</td>
<td>Social activities, physiotherapy</td>
<td>Expensive</td>
<td>Community centre/skills</td>
</tr>
<tr>
<td>L</td>
<td></td>
<td></td>
<td></td>
<td>Social activities</td>
</tr>
<tr>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td>Part-time work</td>
</tr>
<tr>
<td>N</td>
<td>changes in social role; Chronic;</td>
<td>Time management</td>
<td>No response</td>
<td>Better discounts in travel packages</td>
</tr>
<tr>
<td>O</td>
<td>spouse’s illness; Episodic; loneliness</td>
<td>Professional counsellor</td>
<td>Expensive; inconvenient</td>
<td>More NGOs for counselling</td>
</tr>
<tr>
<td>P</td>
<td></td>
<td>Religious activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q</td>
<td>Acute; very rare</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The respondents also suggested that to overcome these physical and psychological challenges, routine exercise, upskilling, professional counselling, traveling and religious activities are popular coping strategies. However, unlike their counterparts in developed countries (Daubenmier et al., 2007; Hewitt et al., 2010; Wythes and Lyons, 2006), urban retirees in Malaysia appear to be constrained in terms of the types of activities they can partake since most stress management programs are centrally located and not available within their immediate neighbourhood. Obviously this situation has considerable implications on the ability of retirees to exercise their coping strategies, thereby reducing the effectiveness of the programs. This issue of program ineffectiveness will be elaborated further in the following sub-sections.

**Social Networking and Support**

An understanding of the impact of retirement on the social aspects of an individual’s life is crucial in stress management. Stress-managed ageing requires retirees to remain engaged in group interactions, with continuous efforts to stay active in social activities (Hewitt et al., 2010; Kloep and Hendry, 2007; Kowalski, 2000). Unfortunately, as a nation evolves into a more modernized society, higher rates of economic development may result in greater marginalization of the elderly (Moulaert et al., 2003; Teh et al., 2014). Without an effective strategy implemented collectively at national and communal levels, the burden of supporting an ever-increasing number of senior citizens will have to be shouldered by their families. This in turn will increase higher costs of living, inducing even more stress for individual members of the community and trapping them in a never-ending vicious cycle.

A key recommendation forwarded by participants of the study is the setting-up of community centres which can act as one-stop service providers in social networking, upskilling, and professional counselling. For agencies dealing with the elderly, this recommendation means that consideration must be given for the establishment of their neighbourhood “branches” which are managed by local communities themselves. In other words, organizations concerned with stress management should no longer be controlled centrally at the federal or state level, but decentralized and empowered so that funding and operations can be managed by neighbourhood communities, thus making the system more efficient. This can also help improve other aspects of stress management programs including developing a spirit of volunteerism among the general population.

**Financial Wellbeing**

Results of the study show that the aforementioned physical, psychological and social factors are overshadowed by the issue of financial wellbeing. The finding is consistent with previous studies (Al-Naggard and Chen, 2011; Giorgi et al., 2015; Hoge et al., 2015) and supports the observation that
economic factors are emerging globally as a major correlate of stress, particularly as a result of globalization and modernization (Moulaert et al., 2003). Additionally, the responses show that coping strategies often used by urban retirees such as professional counselling, traveling and upskilling are run by profit-oriented enterprises and therefore costly. With the introduction of new taxes such as the Goods and Services Tax (GST), it is expected that such products and services will become even pricier in the future.

In this regard, there are opportunities for social enterprises to provide care-giving for the elderly and support services for their families, as suggested by research in other aging societies (Wong and Tang, 2006; Solomon and Reingold, 2012). Through social entrepreneurship, retirees can be better protected from exploitation and profiteering by conventional business enterprises. However, for social entrepreneurship to succeed in stress management programs, several policy issues must first be ironed out, as elaborated below.

**Government Policies and Programs**

Based on the responses, there appears to be an urgent need to reconsider and restructure current policies and programmes on stress management for retirees in urban areas. Malaysia’s National Policy for the Elderly (Ministry of Women, Family and Community Development, 2011) highlights the importance of maintaining respect and self-worth for older members of the society by ensuring that they have equal access to opportunities for self-development. However, despite acknowledging the contributions and significant roles of retirees, most government initiatives emphasise that the responsibility to provide support for the elderly lies primarily with the family (Teh et al., 2014). Hence, instead of addressing the issue, current government policies and programs on stress management for retirees may have resulted in greater financial pressure and stress for them.

Additionally, while social entrepreneurship is a viable solution to the problem, social enterprises too need the right policies to stimulate their growth. Particularly in Malaysia, these include tax exemptions, less bureaucracy at the start-up stage of the enterprise, awareness and promotional programs, and consistent membership by top national leaders (Loh and Wong, 2012; Yeoh, 2015). Evident from this finding are inconsistencies between national aspirations for the older population and the realities of weak policies and programs designed by the authorities, which can only be resolved through political pressure and determination, as well as better engagement and collaboration among the various stakeholders.

**Conclusion**

Retiring from work is one of key transformations in life that characterise aging and considered as an important personal and social event. It is translated into many significant life changes, arising from excessive leisure time accompanied by reduced income, connections, and social status. Many retirees cannot afford to live comfortably within their means and maintain their previous standard of living, with the major problems being financial instability, deteriorating health conditions, isolation and loneliness, lack of recognition, as well as loss of meaning and purpose in life. These changes will negatively affect their physical and psychological wellbeing, giving rise to stress, which in turn impacts on their mind, behaviour and social relationships.

This study has shown that stress management and coping strategies are essential to help the older generation lead a meaningful life ahead. In an aging society, the need for more effective stress management programs has become pressing. Specifically, there appears to be a serious demand for stress management systems to be implemented at communal and national levels so that the high cost of running such programs can be shared across the population instead of being borne by individuals and family members. Programs which are collective in nature also provide greater opportunities for friendship and social interactions, mutual teaching and learning, voluntary work and moral support, all of which contribute toward a more wholesome lifestyle for retirees.

As a final remark, it is worth-noting that retirees represent for the country a wealth of intangible assets such as skills, experience and wisdom which they have accumulated throughout their lives. Their importance in nation-building processes should not be overlooked in the pursuit of economic progress since a knowledge-economy is based upon those intangible assets more than physical strength or stamina often associated with the younger generation. However, extending the retirement age of the working population may not be a viable solution since it can lead to higher youth unemployment. In this case, models of human capital optimisation from developed aging societies such as Japan and Europe should be scrutinised to determine lessons which can be applied in the other contexts. Such studies are highly recommended as a future direction in stress management research to facilitate the formulation and implementation of more effective strategies for developing countries.

**References**


Department of Statistics (various issues). Population Distribution and Basic Demographic Characteristics. Putrajaya.


Morimoto H, Shimada H (2015). The relationship between psychological distress and coping strategies: Their perceived acceptability within a socio-cultural context of


