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Stressors and coping mechanisms of older adults teaching in higher education institutions in Manila

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Abstract

This study explored the stressors and coping mechanisms of older adults, 60 years old and over, who teach in three state higher education institutions in Manila, Philippines. Descriptive correlation method of research was employed. One hundred eighty-eight were randomly selected from the roster of 356 target participants. The Older Adults Life Stress Inventory was used to identify the severity of stressors as experienced by the respondent senior professionals for the past 3 years along the areas of physical, health, social, family, occupational and financial domains. The Coping Strategy Inventory Short Form 32 was used to determine typical coping strategies that involve problem-solving, cognitive restructuring, express emotions and social contact. Tests of correlation, however, revealed that all the six stressors areas have a significant positive correlation with problem avoidance, wishful thinking, self-criticism and social withdrawal ($p < 0.01$). Multiple regression analyses disclosed that older adult men have a greater preponderance to experience stressors than older adult women

Keywords: Older adult professionals, stressors, coping mechanisms, physical-related stressors, health-related stressors, social-related stressors, family-related stressors, occupational stressors, financial stressors.

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1. Introduction

The rapid increase in the proportion of older people globally has brought special attention to the changing social meaning of ageing. In particular, the understanding of the needs and characteristics of this sector across multifaceted demographics have also been investigated, i.e., frail and non-frail (Puts et al., 2007), co-resident and institutionalised (De Jose, 2009; Godoy-Izquierdo, Moreno, Perez, Serrano & Garcia, 2013), across elderly age-groups (Chong, Ng, Woo & Kwan, 2006; Gwozdz & Sousa-Puza, 2010; Hamarat, Thompson, Steele, Matheny & Simons, 2002; Jivraj, Nazroo, Vanhoutte & Chandola, 2013; Neupert, Almeida & Charles, 2007), between gender (Akinyemi & Aransiola, 2010; Consedine, Magai & Krivoshekova, 2005; Kaiseler, Polman & Nicholls, 2012; Melendez, Mayordomo, Sancho & Tomas, 2012; Park, Jang & Kim, 2010; Wu et al., 2013), and retirees and non-retirees (Hira & Mugenda, 1998; Litwin & Sapir, 2009), among others.

Several studies have investigated on the stressors experienced and the stress-reduction and coping mechanisms of older adults (Beyen, Becker & Mayen, 2002; Gandee, Knierim & McLittle-Marino, 1998; Hamarat et al., 2002; Krause, 2004a; Neupert et al., 2007; Seigrist, 2001) but only a few of them focus on professionals in the academe. To date, little work has been published which address the specific concerns of elderly in the academe (Mahan et al., 2010; Moeller & Chung-Yan, 2013; Sliskovic & Maslic Sersic, 2011), hence, the need to gather more empirical data that would help understand the stressors and coping practices of this sector of older adults.

For the past decades, the work of university teachers has drastically changed making teaching as one of the most highly stressful occupations (Bhatti, Hashmi, Raza, Shaikh & Shafiq, 2011; Hamama, Ronen, Shachar & Rosenbaum, 2013; Mahan et. al, 2010; Moeller & Chung-Yan, 2011; Pearson & Moomaw, 2005; Richards, 2012; Sliskovic & Maslic Sersic, 2011; Usman, Ahmed, Ahmed & Akbar, 2011; Yang, Ge, Hu, Chi & Wang, 2009). In the case of a tertiary institution, the growing challenges and expectations, both quantity and quality of work, i.e., providing quality curriculum and instruction, evaluating student outcomes, attaining higher levels of postgraduate education and trainings, conducting scientific research and publications, etc., had become a source of stress for the members of the academic community (Sliskovic & Maslic Sersic, 2011).

Sliskovic and Maslic Sersic (2011) reviewed the literature on the stressors of university academics. The authors noted that university teachers' workloads continue to increase as a result of changes in higher education policies and social status. The increasing number of students and teachers and stronger linkage with industry make the academic community more accessible and inclusive. Universities have begun to provide work conditions to faculty members that are similar to those of other professions. Work overload is perceived as workload beyond the scope of statutory requirements of a position and as time pressure caused by colliding teaching, research and administrative duties. Along with the work overload in terms of quantity, all the domains of the teachers' work in higher education are becoming more demanding. This primarily refers to the research domain, because the teacher is now required to possess entrepreneurial skills to obtain funding and to the increasing pressure to publish. In addition, teachers work with an increasing number of students, have to adapt to the changing curricula and implement newly introduced quality assurance procedures. On top of it, teachers have to keep abreast with the rapid technological advances in all aspects of their work, from doing their research work and preparing their lecture to evaluating students' performance and encoding grades. These tasks and expectations have become even more challenging and difficult to handle as a teacher gets older and, consequently, may interfere with the teachers' quality of life.

The present study has important implications in the field of education, particularly in educational psychology and management. As tertiary faculty members have always been challenged to deliver quality teaching and to contribute to the positive educational environment of the institution to which they belong, their teaching performance may also be affected by some personal and psychological factors, i.e., their physical, health and psychological well-being. In relation to the current study, how individual appraise and cope with the stressors of day-to-day life may have a vital impact on their personal and professional lives.

Understanding these factors will allow educational managers to plan for activities that may espouse positive social and work environment that may help this sector of educators adjust, particularly by developing interventions that will improve the productivity of older adults in the academe.

This study answered the following specific questions: (1) What is the profile of the older adult respondents in terms of personal-related (age, gender, civil status and educational attainment) and work-related (employment status, academic rank and average monthly income) variables? (2) How do the respondents perceive the stressors they have experienced on the following: physical-, health-, social-, family-, occupational- and financial-related stressors? (3) How often do the respondents resort to the following strategies to cope with life stressors—problem-solving, cognitive restructuring, express emotion, social contact, problem avoidance, wishful thinking, self-criticism, social withdrawal? What other specific coping strategies do the respondents resort to? (4) Is there a significant relationship between the stressors experienced by the respondents and their coping strategies? (5) Do personal- and work-related variables influence the perceived stressors of older adults?

2. Method

This study employed the descriptive correlation method. Approval of concerned university authorities was sought prior to the gathering of data. The rosters of faculty members who are 60 years and older were obtained from the three selected higher education institutions, which were used as the basis for identifying the 188 participants using two probability sampling techniques—first is the proportional stratified sampling technique, followed by the systematic sampling technique.

Data were gathered through the administration of the following instruments: (1) the Older Adults Life Stress Inventory (OALSI) and (2) The Coping Strategies Inventory (CSI) Short Form 2.

The OALSI is an adaptation of the existing standardised instruments for measuring stressors on the physical, health, social, family, occupational and financial domains. Items were generated from the review of literature on the stressors of older adults, which include the works of Thomas H. Holmes and Richard H. Rahe (in Birion et al., 2012) on the Social Readjustment Rating Scale, the Elderly Life Stress Inventory developed by Aldwin (1990) and the Mooney Problem Checklist originally developed by Craig Mooney with the 42-item scale validated by Tyron (1983). Specific items were extracted which are relevant to the subject of interest. The OALSI has $\alpha = 0.985$. Respondents were asked whether or not they have had certain experiences over the past years and rated the extent of stress they experienced.

The CSI is a 32-item self-report questionnaire designed to assess coping thoughts and behaviours. Developed by Tobin (1984), the items are answered using a five-point scale and measure the following eight subscales: (1) problem solving; (2) cognitive structuring; (3) social support; (4) express emotion; (5) problem avoidance; (6) wishful thinking; (7) self-criticism and (8) social withdrawal. Psychometric properties of the test include an average Cronbach's $\alpha = 0.70$; and has undergone several validation techniques such as factor structure, criterion validity and construct validity (Tobin, 1984; 1995).

3. Results and discussion

3.1. Profile of the university older adults in terms of personal- and work-related variables

The personal-related variables comprised the respondents' gender, age, civil status and educational attainment, while the work-related variables included their employment status, academic rank and estimated gross monthly income.

Table 1 shows that majority of the respondents are females, 101% or 53.7%, while 78% or 41.5% are males. Majority of the respondents, 99% or 52.7%, are pre-retirees, belonging to 60–64 years old. The rest have retired from full-time government service: 65–69 years old, 40% or 21.3%; 70–74 years old, 22% or 11.7% and 75–81 years old, 10% or 5.3%. In terms of civil status, the bulk of the respondents, 107% or 56.9%, are married.

Table 1. Profile of the senior professionals in terms of personal variables

Personal Variable	f (N = 188)	%
Gender		
Male	78	41.5
Female	101	53.7
No response	9	4.8
Age		
60–64 years old	99	52.7
65–69 years old	40	21.3
70–74 years old	22	11.7
75 years old and over	10	5.3
No response	17	9.0
Civil status		
Single	33	17.6
Married	107	56.9
Widowed	27	15.1
Living as married	6	3.2
Separated	6	3.2
No response	9	4.8
Educational attainment		
Bachelor’s degree	36	19.1
Master’s degree	52	27.7
Doctorate degree	85	45.2
No response	15	8.0

There are 33% or 17.6% who are single, 27% or 15.1% who are widowed and an equal number of the respondents, 6% or 3.2%, have disclosed to be either living as married or separated. As to educational attainment, many of the senior professionals, 85% or 45.2%, are doctorate degree holders. More than a quarter, 52% or 27.7%, are master’s degree holders, while there are 36% or 19.1% who have not pursued graduate studies and have remained bachelor’s degree holders despite the fact that they teach in tertiary schools.

Table 2. Profile of the senior professionals in terms of work-related variables

Work-related variable	f (N = 188)	%
Employment Status		
fulltime	81	43.1
Part-time	84	44.7
No response	23	12.2
Academic rank		
Full Professor	47	25.0
Associate Professor	35	18.6
Assistant Professor	37	19.7
Instructor	43	22.9
Others	2	1.1
No response	24	12.8
Average monthly income		
100k and over	11	5.9
80k–100k	20	10.6
60k–79k	16	8.5
40k–59k	33	17.6
20k–39k	57	30.3
Below 20k	23	12.2
No response	28	14.9

On the work-related variables, nearly an equal number of them are fulltime or regular faculty members, 43.1%, while 44.7% are retired part-time faculty members. As to their ranks, a quarter of them, 25.0%, are full professors, followed by 22.9% who are instructors. There is an almost equal percentage for the assistant professors and associate professors. 2% or 1.1% hold the prestigious University Professor title. These skewed distributions in terms of academic rank might be associated with their educational qualification, where some have only acquired a bachelor’s degree which hampered promotion to a higher academic rank.

The senior professional cohort has diverse levels of income. Nearly a third of them earn a modest monthly income of 20,000 pesos to 40,000 pesos. While more than 10% get lower than 20,000 pesos per month, more than 10% also receive a pay between 80,000 and 100,000 pesos. More than a fourth also receives a salary between 40,000 and 80,000 pesos, while about 6% are paid between 100,000 to above 200,000 pesos. Given the above findings, it could be inferred that the senior professional respondents may have adequate financial resources to meet their daily needs. Considering, however, that income adequacy is a subjective phenomenon, this claim can be validated in the succeeding discussions.

3.2. Stressors experienced by the older adults

The physical-related stressors are presented in Table 3. The frequency and percentage counts, which were based on multiple responses, revealed that 27.1%–68.1% have experienced one or a combination of the seven physical-related stressors listed on the Table. Of these stressors, the top three are the following: the first, major decrease in activities that they really enjoy (128% or 68.1%); the second, fatigue (124% or 66.0%) and the third, major personal injury or illness (97% or 51.6%). There are also 97% or 51.6% who claimed to experience difficulty in mobility or transportation service, the fourth; and 83% or 44.1% have encountered physical injury due to fall or accident, the fifth. Only 52% or 27.1% claimed to have moved to a less desirable residence, the sixth and 51% or 27.1% are not pleased about the deterioration in their living conditions.

Table 3. Physical-related stressors experienced by the senior professionals

Physical-related stressor	Respondents who experienced the event for the past 3 years			Extent of the severity of stress		
	<i>f</i>	%	<i>Rank</i>	<i>Weighted mean</i>	<i>Verbal interpretation</i>	<i>Rank</i>
Major decrease in activities that I really enjoy	128	68.1	1	2.60	Moderately stressful	7
Major personal injury or illness	99	52.7	3	3.07	Moderately stressful	1
Moved to a less desirable residence	52	27.7	6	2.63	Moderately stressful	6
Deterioration in living conditions	51	27.1	7	2.74	Moderately stressful	5
Fatigue	124	66.0	2	2.83	Moderately stressful	3
Difficulty in mobility or transportation service	97	51.6	4	2.75	Moderately stressful	4
Physical injury due to fall or accident	83	44.1	5	2.84	Moderately stressful	2
Overall Mean				2.78	Moderately stressful	

Legend: Scale for interpreting the computed weighted mean:

- 4.50–5.00 = Extremely stressful
- 3.50–4.49 = Highly stressful
- 2.50–3.49 = Moderately stressful
- 1.50–2.49 = Mildly stressful
- 1.00–1.49 = Not stressful

Table 3 also shows the weighted means describing the degree of severity of physical stress experienced by the respondents. All the seven items posted weighted means between 2.63 and 3.07, which fell within the ‘moderately stressful’ verbal interpretation. However, highest mean ratings were

reported for the items pertaining to major personal injury or illness ($X_w = 3.07$, ranked first), physical injury due to a fall or accident ($X_w = 2.84$, ranked second) and fatigue ($X_w = 2.83$, ranked third). The fourth moderately stressful physical stressor is the difficulty in mobility or transportation service ($X_w = 2.75$), followed by the deterioration of living conditions ($X_w = 2.84$, ranked fifth) and moving into a less desirable residence ($X_w = 2.84$, ranked sixth). The least moderately stressful physical event is the major decrease in activities that they really enjoy ($X_w = 2.84$, ranked seventh). The grand mean of 2.78 indicated that, in general, the older adult respondents are physically moderately stressed.

Gandee et al. (1998) provided an explanation to the above results. They recognised that with increasing age, the older adults are faced with the stressors that are different from what they have experienced during the earlier stage of life. The elderly is confronted with the age-related loss of coordination in walking, moving heavy objects and performing the usual manual tasks. They may be in jeopardy when attempting to walk across a busy street, climb a flight of steps or deal with personal and interpersonal crises. There are cases when the inability to properly perform activities of daily living may become a source of embarrassment and frustration among the elderly. With increasing age, stressors change as well as the individual's physical and mental abilities to deal with them.

Table 4. Health-related stressors experienced by the senior professionals

Health-related stressor	Respondents who experienced the event for the past 3 years			Extent of the severity of stress		
	<i>f</i>	%	Rank	Weighted mean	Verbal Interpretation	Rank
Change in appetite	102	54.3	5.5	2.70	Moderately stressful	9
Diagnosis of a chronic illness	95	50.5	11	2.98	Moderately stressful	2
Experience of chronic somatic symptoms such as:						
Headache	93	49.5	13	2.76	Moderately stressful	5
Coughs and colds	102	54.3	5.5	2.53	Moderately stressful	19
Back ache	106	56.4	3.5	2.74	Moderately stressful	7
Muscle/limb pains	106	56.4	3.5	2.82	Moderately stressful	4
Chest pains	94	50.0	12	2.66	Moderately stressful	13
Shortness of breath	88	46.8	16	2.56	Moderately stressful	17
Hypertension	99	52.7	7.5	2.86	Moderately stressful	3
Stomach problems	98	52.1	9	2.61	Moderately stressful	14.5
Allergies	82	43.6	18	3.02	Moderately stressful	1
Problems with vision	117	62.2	1	2.75	Moderately stressful	6
Hearing impairment	89	47.3	15	2.69	Moderately stressful	11
Decreased sense of taste/gustation	82	43.6	18	2.45	Moderately stressful	20
Decreased sense of smell/olfaction	82	43.6	18	2.57	Moderately stressful	16
Decrease in dexterity/reflex responses	97	51.6	10	2.55	Moderately stressful	18
Gained or lost weight	108	57.4	2	2.61	Moderately stressful	14.5
Vulnerability to climactic changes	99	52.7	7.5	2.70	Moderately stressful	9
Decreased physical vigour	92	48.9	14	2.70	Moderately stressful	9
Sexual difficulty/dysfunction	41	21.8	20	2.67	Moderately stressful	12
Grand mean				2.70	Moderately stressful	

The health-related stressors experienced by the senior professional respondents are enumerated in Table 4. Data revealed that the most frequently experienced stressors include: problems with vision, 117% or 62.2%, ranked first; gained or lost weight, 108% or 57.4%, ranked second; backache, and muscle or limb pains, 106% or 56.4%, ranked 3.5th; change in appetite, and coughs and colds, 102% or 54.3%, ranked 5.5th; vulnerability to climatic changes and hypertension, 99% or 52.7%, ranked 7.5th;

stomach problems, 98% or 52.1%, ranked 9th; decrease in dexterity or reflex responses, 97% or 51.6%, ranked 10th; diagnosis of a chronic illness, 95% or 50.5%, ranked 11th; and chest pains, 94% or 50.0%, ranked 12th.

Moreover, a good number of the respondents either currently experience or have recently suffered from the following conditions: headache, 93% or 49.5%, ranked 13th; decreased physical vigour, 92% or 48.9%, ranked 14th; hearing impairment, 89% or 47.3%, ranked 15th; and shortness of breath, 88% or 46.8%, ranked 16th. Allergies, decreased sense of taste or gustation and decreased sense of smell or olfaction got an equal frequency and percentage counts of 82% or 43.5%, tying on ranked 18th. The least reported health-related stressor is sexual difficulty or dysfunction, 41% or 21.8%, ranked 20th.

As to the extent of severity, all the aforementioned health-related stressors got weighted means between 2.45 and 3.02, which means that the respondents have undergone moderate stress with these incidents. The 10 most stressful health-related incidents based on their weighted mean values are: allergies, $X_w = 3.07$, ranked first; diagnosis of a chronic illness, $X_w = 2.98$, ranked second; hypertension, $X_w = 2.86$, ranked third; muscle and limb pains, $X_w = 2.82$, ranked fourth; headache, $X_w = 2.76$, ranked fifth; problems with vision, $X_w = 2.75$, ranked sixth; backache, $X_w = 2.74$, ranked seventh; and change in appetite, vulnerability to climatic changes and decreased physical vigour, with equal mean ratings of 2.70, have tied on the ninth rank.

The senior professionals also find the following as moderately stressful: hearing impairment $X_w = 2.69$, ranked 11th; sexual difficulty, $X_w = 2.67$, ranked 12th; chest pains, $X_w = 2.66$, ranked 13th; stomach problems, $X_w = 2.61$, ranked 14.5th; gaining or losing weight, $X_w = 2.61$, ranked 14.5th; decreased sense of olfaction, $X_w = 2.57$, ranked 16th; shortness of breath, $X_w = 2.56$, ranked 17th; decrease in dexterity or reflex responses, 18th; coughs and colds, 2.53, ranked 19th and decreased sense of taste, $X_w = 2.45$, ranked 20th. Table 10 also shows the grand mean equivalent to 2.70 indicating that the respondents experience moderate stress with these health-related conditions.

The present research found that three of the most common stressors related to health encountered by older adults are problems with vision, weight concerns and physical or bodily pains. These supported the earlier discussion on the susceptibility of older adults to health problems and related symptoms, especially on weight-related problems (St-Arnaud-McKenzie, Payette & Gray-Donald, 2010; Wijnhoven, Van Zon, Twisk & Visser, 2014; Wu et al., 2013; Zhou et al., 2014), on age-related visual impairment (Lee & Brennan, 2006; Li, Crews, Elam-Evans, Fan & Zhang, 2011) and on physical pains (Chan, Hadjistavropoulos, Carleton & Hadjistavropoulos, 2012; Rejeski & Mihalko, 2010). In particular, the study of Li et al. (2011) showed significant correlation with visual impairment and poorer health-related quality of life; and that the increasing numbers of age-related eye diseases were associated with increased level of visual impairment and physical impairment.

However, despite the presence of literature saying that problems with vision, weight, bodily pains and health in general, it should be noted that other psychosocial and cognitive variables may play important roles in the senior professionals' adjustment to these stressors. There are cognitive and behavioural factors, such as self-efficacy or the belief in one's ability to manage and perform their tasks (e.g., as educators) despite some difficulties and negative experiences.

Table 5 illustrates the social-related stressors experienced by the senior professional respondents. It could be seen on the Table that the common social-related stressors reported by more than half of the respondents include the following: (1) distance from family and friends, 103% or 54.8%; (2) refused or disenfranchised on the rights and privileges of a senior citizen, e.g., not prioritised in queuing, in riding a public transport, and even in using the elevator, 112% or 59.6%; (3) taken for granted or not being recognised/acknowledged for their help or contributions, 110% or 58.5%; (4) unfair treatment or not being served well because of old age, 103% or 54.8%; (5) loss of a very close friend due to a move or break in friendship, 103% or 54.8%; (6) loss of position in organisation or in the community, 96% or 51.1% and (7) feeling of diminishing social status, 96% or 51.1%. There are

also those, 88% or 46.8%, ranked eighth, who felt that they have become dependent on others, while 82% or 43.6%, ranked ninth, lament that they have been refused from procuring loans and insurances, e.g., health insurances, car loans, travel insurances and related transactions because of their old age.

Table 5. Social-related stressors experienced by the senior professionals

Social-related stressor	Respondents who experienced the event for the past 3 years			Extent of the severity of stress		
	<i>f</i>	%	Rank	Weighted mean	Verbal interpretation	Rank
Loss of a very close friend due to a move or break in friendship	103	54.8	4.5	2.89	Moderately stressful	1
Distance from family, relatives and/or close friends	115	61.2	1	2.84	Moderately stressful	2
Increased dependence on others	88	46.8	8	2.56	Moderately stressful	7
Feeling of diminishing social status	96	51.1	6.5	2.51	Moderately stressful	9
Unfair treatment; Not being served well because of old age	103	54.8	4.5	2.62	Moderately stressful	5
Loss of position in organisation or in the community	96	51.1	6.5	2.54	Moderately stressful	8
Taken for granted/Not being recognised or acknowledged for my help or contributions	110	58.5	3	2.71	Moderately stressful	3
Refused or disenfranchised by somebody to the rights and privileges of a senior citizen, e.g. not prioritised in queuing, public transport, elevator, etc.	112	59.6	2	2.69	Moderately stressful	4
Being refused with insurance, loans, transactions, such as health, car or travel insurances because of age	82	43.6	9	2.57	Moderately stressful	6
Grand Mean				2.66	Moderately stressful	

The preceding social stressors were rated ‘moderately stressful’ by the respondents as depicted by the weighted mean values of 2.51–2.89. Of these stressors, the older adult respondents are most stressed by losing a friend or break up in friendship ($X_w = 2.89$, ranked first) and living or residing away from family, relatives and close friends ($X_w = 2.84$, ranked second). These are followed by those who felt some forms of discrimination such as the lack of appreciation for their contributions or legacy ($X_w = 2.71$, ranked third), being denied of their rights ($X_w = 2.69$, ranked fourth) and being treated or served poorly which is undeserving of their status as senior citizens ($X_w = 2.62$, ranked fifth). Moderately stressful was also the experience of being refused with availing other benefits such as insurance, loans, health insurance and the like because of old age ($X_w = 2.57$, ranked sixth), increased dependence on others ($X_w = 2.56$, ranked seventh), loss of position in the organisation or community ($X_w = 2.54$, ranked eighth) and feeling of diminishing social status ($X_w = 2.51$, ranked ninth). The computed grand mean for this group of stressors is equal to 2.66, which signifies that the older adults in the academe are also moderately stressed by some conditions affecting their social well-being.

The findings of this study highlighted the following factors as the leading sources of social-related stressors among older adults: distance from family and friends, deprivation from enjoying their rights and privileges as senior citizens and the lack of recognition for their contributions. Moreover, older adults are most stressed with the loss of friend or break-up of friendship, which may have an adverse effect on their quality of life (Kalfoss, 2010). The elderly fears the weakening of family ties. Due to changes in the demographics, the mobility and the widening of geographical

separation among members of the family continue to increase, especially when a son or daughter has to leave home to establish his or her own family. There are also cases when members of the family have to work or live overseas, consequently leaving the elderly at home with a spouse or alone. The older adults also complain of not enjoying the rights and privileges that are due them related to access to pensions, transportation, access to healthcare and medicines, and leisure and recreation; suggesting that services for the older adults are not sufficient to contribute to and improve their quality of life.

Table 6. Family-related stressors experienced by the senior professionals

Family-related stressor	Respondents who experienced the event for the past 3 years			Extent of the severity of stress		
	<i>f</i>	%	Rank	Weighted mean	Verbal interpretation	Rank
Major deterioration in health or change in behaviour of a family member	124	66.0	1	3.39	Moderately stressful	2
Marital trouble or separation	63	33.5	6.5	3.27	Moderately stressful	4
Relationship problems with spouse or partner	68	36.2	5	3.24	Moderately stressful	5
Infidelity of spouse or partner	63	33.5	6.5	3.11	Moderately stressful	7
Serious injury or illness of a family member	92	48.9	2.5	3.50	Highly stressful	1
Difficulty of caring for an ill spouse or a family member	92	48.9	2.5	3.32	Moderately stressful	3
Child's marital trouble or separation	61	32.4	8.5	3.03	Moderately stressful	8
Worsening relationship with a child	61	32.4	8.5	3.00	Moderately stressful	9
Trouble with in-laws	58	30.9	10	2.95	Moderately stressful	10
Disrespect from a family member	85	45.2	4	3.12	Moderately stressful	6
Grand mean				3.19	Moderately stressful	

Table 6 displays the data on family-related stressful events experienced by the respondent senior professionals. Of the 12 stressors listed in the Table, the major deterioration in health or change in the behaviour of a family member got the highest frequency, 124% or 66.0%, ranked first. This is followed by an equal number of respondents who had experienced serious injury or illness of a family member as well, and the difficulty of caring for an ill spouse or a family, with equal frequency and percentage of 92% or 48.9%, with the tied rank of 2.5th. There are 85% or 45.2% who experienced disrespect from a family member (ranked fourth), 68% or 36.2% who had relationship problem with a spouse or partner (ranked fifth), and a tied frequency and percentage of 63 or 33.5 (ranked 6.5th) for marital trouble or separation and infidelity of spouse or partner. Tying on 8.5th and with equal frequency and percentage counts, 61% or 32.4%, are child's marital trouble or separation and a worsening relationship with a child. The least experienced stressor pertains to trouble with in-laws, 58% or 30.9%. The remaining family-related stressors were further identified by 28.7%–44.1%, namely, the relationship problems with spouse or partner (36.2%), infidelity of spouse or partner (33.5%), worsening relationship with a child (32.4%), child's marital trouble or separation (32.4%) and trouble with in-laws (30.9%).

Of these stressors, serious ailments or debilitating conditions of a family member ($X_w = 3.50$, first) is considered to be 'highly stressful' as experienced by the respondents. The rest are considered as 'moderately stressful' as depicted by the weighted means ranging from 2.95 to 3.39. Top in the list of moderately stressful events is the major deterioration in the health or behaviour of a family member

($X_w = 3.39$, second) and the strain they experience in caregiving for a sick spouse or family member ($X_w = 3.32$, third).

Marital trouble is also moderately stressful for this group of senior professionals ($X_w = 3.27$, fourth), together with the following stressors: relationship problems with spouse or partner ($X_w = 3.24$, fifth), disrespect from family ($X_w = 3.12$, sixth), infidelity of spouse or partner ($X_w = 3.11$, seventh), child's marital trouble ($X_w = 3.03$, eighth), worsening relationship with a child ($X_w = 3.00$, ninth), and, lastly, trouble with in-laws ($X_w = 2.95$, 10th). The computed grand mean of 3.19 suggests that, in general, the older adult respondents experience moderate stress pertaining to family-related concerns.

The findings of this study suggest that the primary sources of family-related stressors for the senior professionals stem from 'major illness or deteriorating health of family members' and 'caregiving or attending to an ill spouse or member of the family'. The negative effects of these health problems were explained in a number of studies (Liebermann & Fisher, 1995; Dember, 2006). In some cases, the physical and emotional burden of long-term care of a sick or disabled loved one would be heavier and more strenuous. Liebermann and Fisher (1995) noted the relationship between the severity of the illness and the family member's health and well-being. This severity, which is significantly associated with health and well-being for spouses, offspring and in-laws, regardless of the amount of caregiving, demonstrated the potential cascading effect on the illness through the family. The elderly who experienced considerable stress from taking care of a sick family member, especially a chronically-ill member, may suffer from fatigue and frustration, and sometimes feeling of helplessness or exhaustion. As Dember (2006) had warned, caregiving burden can lead to heart attacks and risky behaviours. The likelihood of such incidence may be higher for older care givers.

Table 7 illustrates the respondents' ratings on the occupation-related stress. Ranked first among the occupational-related stressors is the pressure on professional skills and expectations at work, e.g., being abreast with emerging teaching methodologies, as well as with advances in information and communication technologies, and being actively engaged in research and production, as identified by 123% or 65.4% respondent older adults.

While 115% or 61.2% feel the decrease in responsibilities or hours at work (ranked second), almost the same number of respondents, 112% or 59.6% are encumbered with work responsibilities and pressures (ranked third). Moreover, 109% or 58.0% suffer from poor working conditions, e.g., poor ventilation (ranked fourth), and 101% or 53.7% are troubled with a relationship with a superior or co-worker (ranked fifth). The same number of respondents, 98% or 52.1% (ranked 6.5th), reported having changed to a less desirable line of work, and the same number and percentage also experienced the feeling of job insecurity. More than half, 97% or 51.1%, are moderately stressed with excessive workload and hours of work (ranked eighth). The least experienced stressor, yet still identified by more than half of the senior professionals, 96% or 51.1%, is the decreasing self-efficacy at work (ranked ninth).

Although more than half of the respondents have confessed of having experienced all the stressors spelled out in Table 7, the data revealed that the stressors have barely affected them from 'mild to moderate extent'. The pressure demanded by work as identified by most of the respondents is only rated as 'moderately stressful' ($X_w = 2.59$, ranked first). Poor working conditions ($X_w = 2.61$, ranked second), excessive workload and hours of work ($X_w = 2.55$, ranked third) and the heavy work responsibilities ($X_w = 2.50$, ranked fourth) are all rated 'moderately stressful'. The rest of stressors are only considered as 'mildly stressful'. These are: job insecurity ($X_w = 2.50$, ranked fifth), troubles with boss or superior ($X_w = 2.44$, ranked sixth), change to a desirable line of work ($X_w = 2.40$, ranked seventh), decreasing self-efficacy at work ($X_w = 2.38$, ranked eighth) and the decreased responsibilities or working hours ($X_w = 2.36$, ranked ninth) at work. In general, the respondents are only 'mildly stressed' at work as depicted by the grand mean of 2.48.

Table 7. Occupational-related stressors experienced by the senior professionals

Occupation-related stressor	Respondents who experienced the event for the past 3 years			Extent of the severity of stress		
	<i>f</i>	%	Rank	Weighted mean	Verbal interpretation	Rank
Decrease in responsibilities or hours at work	115	61.2	2	2.36	Mildly stressful	9
Pressure on professional skills and expectations (e.g. emerging teaching methodologies, advances in technology, research outputs, etc.	123	65.4	1	2.59	Moderately stressful	1
Change to a less desirable line of work	98	52.1	6.5	2.40	Mildly stressful	7
Troubles with boss or co-workers	101	53.7	5	2.44	Mildly stressful	6
Feeling burdened with responsibilities and pressures	112	59.6	3	2.50	Moderately stressful	4
Excessive workload and hours of work	97	51.6	8	2.55	Moderately stressful	3
Poor working conditions, e.g. poor ventilation	109	58.0	4	2.61	Moderately stressful	2
Job insecurity	98	52.1	6.5	2.49	Mildly stressful	5
Decreasing self-efficacy at work	96	51.1	9	2.38	Mildly stressful	8
Grand mean				2.48	Mildly stressful	

The results revealed that senior professionals may find heavy workloads and pressure at work, coupled with a poor working environment, very taxing. Marmot, Siegrist, Theorell and Feeney (1999) emphasised that continuing demand on the quality and time spent at the workplace may adversely affect the health of older workers. In addition, they are employed in state higher education institutions which normally require 15–21 hours of teaching per week as their regular teaching load. In the case of the two state universities involved in the study, full-time faculty members only teach 15 hours per week for their regular pay, with an option to carry additional 12 units (which is equivalent to 12 teaching hours) for their part-time teaching assignment. On a 5-day work, an ordinary faculty member may teach for an average of 27–30 hours a week or 5–6 hours per day. This does not include the time they have to spend preparing for their lectures and evaluating learning outcomes. On top of the teaching function, tertiary teachers are also expected to fulfil other equally important roles pertaining to research, publication and extension functions. Moreover, many of these senior professionals are also assigned to handle administrative and supervisory functions. However, the fact that this group of senior professionals are highly educated professionals and with the nature of work as tertiary educators may provide them with some degree of autonomy and independence in discharging their roles that may shield them from the negative effect of heavy workloads.

As Sliskovic and Maslic Sersic (2011) had articulated, this group of university teachers is constantly challenged with expectations to deliver quality and contribute to the advancement of knowledge and practice in their respective disciplines. However, it is noteworthy to mention that the senior professionals reported only mild or low level of occupational stress. This phenomenon may be related to Kohn and Schooler’s (as cited in Hauser & Roan, 2007) assertion that the effect of work-related stressors on the individual may vary depending on the quality of occupation and the degree of self-direction at work. Education, personal attitudes and other psychosocial and environmental factors may serve as a buffer against the negative effect of occupational stress.

Table 8. Financial-related stressors experienced by the senior professionals

Financial-related stressor	Respondents who experienced the event for the past 3 years			Extent of the severity of stress		
	<i>f</i>	%	Rank	Weighted mean	Verbal interpretation	Rank
Deterioration in financial state	105	55.9	1	2.69	Moderately stressful	7
Decreased financial independence	102	54.3	2	2.59	Moderately stressful	11
Difficulty in paying obligations, e.g., bills, amortisations, debts, etc.	96	51.1	4	2.67	Moderately Stressful	8
Have been burglarised or robbed with money and/or properties	80	42.6	10	3.06	Moderately stressful	2
Financial support to dependent family members/relatives	83	44.1	9	2.70	Moderately Stressful	6
Loss of prized possessions	91	48.4	8	2.64	Moderately stressful	10
Misappropriations of money/property	92	48.9	7	2.66	Moderately stressful	9
Financially abused/cheated by someone on money/material matters	94	50.0	6	2.96	Moderately stressful	4
Forged signing of legal documents	76	40.4	11	2.72	Moderately stressful	5
Financial difficulty due to hospitalisation, medical treatment or cost of maintenance medicines	95	50.5	5	2.99	Moderately stressful	3
Insufficient salary or low retirement benefits, pensions, etc.	101	53.7	3	3.08	Moderately stressful	1
Grand mean				2.80	Moderately Stressful	

Table 8 portrays the respondents' ratings on the financial-related stressors. The following were observed as the leading sources of stress: deterioration in financial state (105% or 55.9%, ranked first), decreased financial independence (102% or 54.3%, ranked second), insufficient salary or low retirement benefits, pensions, etc. (101% or 53.7%, ranked third), difficulty in paying obligations, e.g., bills, amortisations, debts, etc. (96% or 51.1%, ranked fourth), financial difficulty due to hospitalisation, medical (105% or 55.9%, ranked first), decreased financial independence (102% or 54.3%, ranked second), insufficient salary or low retirement benefits, pensions, etc. (101% or 53.7%, ranked third), difficulty in paying obligations, e.g., bills, amortisations, debts, etc. (96% or 51.1%, ranked fourth), financial difficulty due to hospitalisation, medical treatment or cost of maintenance medicines (95% or 50.5%, ranked fifth) and financial abuse or being cheated with money or material matters (94% or 50.0%, ranked sixth).

Moreover, a substantial number of respondents have also marked the following stressors: misappropriations of money or property (92% or 48.9%, ranked seventh), loss of prized possessions (91% or 48.4%, ranked eighth), financial support to dependent family members or relatives (83% or 44.1%, ranked ninth), have been victimised by burglars or theft of money or properties (80% or 42.6%, ranked 10th) and forged signing of legal documents (76% or 40.4%, ranked 11th).

All the financial-related stressors obtained weighted means of 2.59–3.08, with the verbal interpretation of 'moderately stressful'. Among these, the highest weighted mean was reported in the insufficient salary or retirement benefits of the senior professionals ($X_w = 3.08$, first), followed by the theft of money and/or properties ($X_w = 3.06$, second), hospitalisation and medical expenditures ($X_w = 2.99$, third), and the financial abuses ($X_w = 2.96$, fourth), as well as victims of forgery ($X_w = 2.72$, fifth) committed to them.

The rest of the financial-related stressors were also considered as moderately stressful by the respondents: providing financial support to dependent family members or relatives ($X_w = 2.70$, sixth), deterioration in financial state ($X_w = 2.69$, seventh), difficulty in meeting financial obligations ($X_w = 2.67$, eighth), misappropriation of money or property ($X_w = 2.66$, ninth), loss of prized possessions ($X_w = 2.64$, 10th), and lastly, decreased financial independence ($X_w = 2.59$, 11th). The computed grand mean of 2.80 suggests that the respondents are largely ‘moderately stressed’ with the financial stressors that they encounter in their day-to-day life.

Litwin and Sapir (2009) provided an explanation on this. According to them, incomes tend to decline in later life due to retirement and health-related expenses tend to rise; the minimum income needed to make both ends meet appeared to decline along with the decrease in real income. In the case of the current research, the senior professionals consider insufficient salary or low retirement pension/benefits as their primary financial stressors. It is interesting to note that some pre-retirees also reported this financial stressor maybe because they must have learned this financial difficulty from their retired colleagues. Furthermore, they claimed that financial adequacy is influenced by several factors above and beyond the effect of objective economic measures.

Table 9. Summary table on the stressors experienced by the senior professionals

Stressors	Grand mean	Verbal interpretation	Rank
Physical-related stressors	2.78	Moderately stressful	3
Health-related stressors	2.70	Moderately stressful	4
Social-related stressors	2.66	Moderately stressful	5
Family-related stressors	3.19	Moderately stressful	1
Occupational-related stressors	2.48	Mildly stressful	6
Financial-related stressors	2.80	Moderately stressful	2
Overall grand mean	2.77	Moderately stressful	

Table 9 summarises the extent of severity of stressful events experienced by the respondents. It is noteworthy to mention that only the occupation stressors were registered as ‘mild stressful’ ($X_w = 2.48$). All the other groups of stressors are considered to be ‘moderately stressful’. It could also be noted that the top sources of stress for this older adult group are related to family concerns ($X_w = 3.19$) and financial matters ($X_w = 2.80$).

The findings affirmed Chong et al.’s (2006) assertion that support of families and friends, emotional ties and financial security are among the most important factors to be considered in understanding and defining positive ageing or QoL among older adults.

3.3. Coping mechanisms

The eight coping strategies identified by Tobin (1995) were measured among the older adult respondents and the results are presented in Table 10.

The data revealed that older adult respondents scored high in positive coping strategies—problem-solving, cognitive restructuring, express emotion and social contact. Of these, cognitive restructuring is the number one coping strategy used by the respondents, given the weighted mean of 3.75. This means that the respondents normally adjust to stressful situations by looking into the brighter side of things. They try to overcome their negative and reactive thinking through analysis of the situation, understanding the cause of their worries and anxiety and reframing their negative thinking with positive thoughts and feelings. They tend to make the most out of the available resources given the situation they are into.

Table 10. Coping strategies of older adult respondents

Coping strategies	Weighted mean	Verbal interpretation	Rank
Problem-solving	3.64	Oftentimes	2
Cognitive restructuring	3.75	Oftentimes	1
Express emotion	3.55	Oftentimes	3
Social contact	3.50	Oftentimes	4
Problem avoidance	3.13	Sometimes	5
Wishful thinking	2.99	Sometimes	6
Self-criticism	2.73	Sometimes	7
Social withdrawal	2.56	Sometimes	8

Relevant to cognitive restructuring, the senior professionals also oftentimes resort to problem-solving techniques ($X_w = 3.64$). This result may be expected to this group of respondents who are all educated and seasoned academicians. When confronted with stress, they generally focus on the issue; evaluating the situation and the pros and cons of the possible courses of actions to be undertaken, and work on solving the problem within the situation.

Expressing emotion is also one of the commonly used coping strategies of the respondent older adults ($X_w = 3.55$). This means that the respondents may find it useful to let out of their feelings by writing it down, expressing what they feel with others and performing constructive activities that will make them feel relaxed and relieved from their negative emotion, e.g. exercise, meditation and the like.

Another way of coping by the respondents is through the social contact strategies ($X_w = 3.50$). The respondents may turn to external resources for support. They believe that maintaining strong connection or constant interaction with a family member, a close friend or a trusted colleague at work, spending quality time and sharing their problems and difficulties are effective routes for handling stressful situations. In addition, they may also join groups/association or advocate with others who have similar concerns as a means for managing their stress.

The data presented in Table 10 also disclose that this group of older adults scored low on the remaining four categories of coping strategies, namely problem avoidance ($X_w = 3.13$), wishful thinking ($X_w = 2.99$), self-criticism ($X_w = 2.73$) and social withdrawal ($X_w = 2.56$). These coping strategies may be unproductive since the individual normally does not face the problem head-on, and tends to resort to activities that do not directly lead in the resolution of the problems or difficulties.

Results show that the respondent senior professionals occasionally use these strategies to cope with day-to-day stressors. Sometimes, they also resort to problem avoidance, which means ignoring the problem or blocking out the difficulty, and pretending or going along as if nothing is happening. To a little extent, this group of senior professionals tends to refuse to dwell on the issue and do not think about their worries too much. From time to time, the respondents also find that wishful-thinking strategies may help alleviate their worries by wishing or hoping that the situation has never started, would be over with, would turn out okay or even praying for a miracle to happen. The tendency to sometimes self-criticise is also evident in the data. Respondents may see themselves as personally responsible for their difficulties and may blame themselves for what has happened. Another non-productive coping resorted to by the respondents is social withdrawal strategy. This means that under certain situations, older adults may also prefer to disconnect from social contact or stay away from people around him by engaging in social isolation. They may refrain from having personal communication or dealings with others and opt to do solitary activities like staying at home alone or working on their own.

Table 11. Other specific coping strategies of older adult respondents

	Coping strategies	Weighted mean	Verbal interpretation	Rank
1.	I make time for music, e.g., singing, listening to or playing musical instrument	3.72	Oftentimes	3
2.	I take care of plants, flowers/orchids, or do gardening, farming, etc.	3.43	Sometimes	11
3.	I take care of pets.	3.08	Sometimes	23
4.	I meditate or do visualisation, e.g., imagining the sights, sounds or smells of a favourite place, such as ocean breeze or mountain retreat.	3.31	Sometimes	17
5.	I engage in physical activities, e.g., exercising, jogging, going to gym, etc.	3.37	Sometimes	14
6.	I take a break, e.g., drink coffee or tea, smoke, drink wine, etc.	3.18	Sometimes	20
7.	I go to parlour/spa to enhance the way I look or the way I feel about myself.	3.10	Sometimes	22
8.	I watch a play or movie.	3.51	Oftentimes	7.5
9.	I enjoy a resort or stay in a hotel for a change in environment.	3.03	Sometimes	25
10.	I play card games; go to the casino and the like.	2.11	Sometimes	28
11.	I cultivate a sense of humour and/or laugh a lot.	3.42	Sometimes	12
12.	I do creative works, e.g., painting, composing, writing, etc.	3.14	Sometimes	21
13.	I express my thoughts or feelings through social media, e.g., Facebook, blogs, etc.	2.76	Sometimes	26
14.	I enjoy nature, such as beach, meadows and panorama.	3.66	Oftentimes	4
15.	I visit relatives or friends.	3.36	Sometimes	15
16.	I do household chores, e.g., cooking, cleaning, etc.	3.54	Oftentimes	6
17.	I go to the malls and do window shopping or buy something.	3.46	Sometimes	9.5
18.	I dine in a classy restaurant or hotel.	3.05	Sometimes	24
19.	I read a lot of books, research papers or newspapers, etc.	3.63	Oftentimes	5
20.	I attend social gatherings, e.g., reunion with old-time friends, etc.	3.40	Sometimes	13
21.	I join professional or socio-civic organisations.	3.35	Sometimes	16
22.	I take care and/or play with children, e.g., my grandchildren.	3.46	Sometimes	9.5
23.	I regularly consult or visit doctors or health professionals.	3.21	Sometimes	19
24.	I do ballroom dancing, aerobics, etc.	2.54	Sometimes	27
25.	I regularly take multivitamins or health supplements.	3.78	Oftentimes	2
26.	I do charitable works, e.g., donate, do volunteer works, etc.	3.51	Oftentimes	7.5
27.	I go to church or pray silently/solemnly.	4.13	Oftentimes	1

Legend: Scale for interpreting the computed weighted mean:

4.50–5.00 = Most of the time 1.50–2.49 = Rarely
 3.50–4.49 = Oftentimes 1.00–1.49 = Never
 2.50–3.49 = Sometimes

Table 11 listed other specific stress coping strategies employed by the respondent senior professionals. The topmost activities oftentimes engaged in by the respondents are reported in the following order: the first, going to church or praying silently/solemnly ($X_w = 4.13$); the second, regularly taking medicines, multivitamins or health supplements ($X_w = 3.78$); the third, making time for music, e.g., singing, listening to or playing a musical instrument ($X_w = 3.72$); the fourth, enjoying nature, e.g., beach, meadows and the panorama ($X_w = 3.66$); the fifth, reading a lot of books, newspapers, research papers, etc. ($X_w = 3.63$); the sixth, doing household chores, e.g., cooking, house cleaning, etc. ($X_w = 3.54$); 7.5th, Watching a play or movie ($X_w = 3.51$); and, doing charitable works, e.g., donate, do volunteer works, etc. ($X_w = 3.51$).

Table 11 also portrays that from time to time, the respondents also enjoy the following as a means for managing their daily stressors: Going to malls, doing window shopping or buying something for one's self ($X_w = 3.46$); Taking care or playing with children, e.g., with grandchildren ($X_w = 3.46$); Taking care of plants, flowers/orchids or do gardening, farming, etc. ($X_w = 3.43$); Cultivating a sense of

humour and laughing a lot ($X_w = 3.42$); Attending social gatherings, e.g., reunion with old time friends ($X_w = 3.40$); Engaging in physical activities, e.g., exercising, jogging, going to gym, etc. ($X_w = 3.37$); Visiting relatives and friends ($X_w = 3.36$); Joining professionals or civic organisations ($X_w = 3.35$); Meditating or performing visualisation techniques, e.g., imagining the sights, sounds and smells of a favourite place, such as the ocean breeze, mountain retreat, etc. ($X_w = 3.31$); Travelling or visiting places, either locally or abroad ($X_w = 3.25$); Regularly consulting or visiting a doctor or health professional ($X_w = 3.21$); Taking a break, e.g., drinking coffee or tea, smoking, drinking wine, etc. ($X_w = 3.18$); Doing creative works, e.g., painting, writing, composing, etc. ($X_w = 3.14$); and, Going to parlour/spa to enhance the way the individual looks or feels about himself/herself ($X_w = 3.10$).

The five coping mechanisms used least by this group of senior professionals include: Taking care of pets ($X_w = 3.08$); Dining in classy restaurant or hotel ($X_w = 3.05$); Enjoying a resort or staying in at a hotel for a change in environment ($X_w = 3.03$); Expressing one’s thoughts or feelings through social media, e.g., Facebook, blogs, etc. ($X_w = 2.76$); Do ballroom dancing, aerobics, etc. ($X_w = 2.54$); and, Playing card games, going to casino and the like ($X_w = 2.11$).

The findings revealed that religion and spirituality are the most essential coping resources as applied by the respondent older adults. This was evident in their responses that they frequently go to church or pray solemnly. Likewise, the elderly love to participate in relaxing and enjoyable activities such as listening to music, watching panorama, which are also a common expression of spirituality.

Previous research had established that religion (Huang, Hsu & Chen, 2012; Lim & Putnam, 2010; Nelson-Becker, 2005; Park et al., 2010) and spirituality (Gonzales-Celis & Gomez- Benito, 2013; Kalfoss, 2010; Srinivasan, 2009) are important resources older adults resort into to adjust to stressors and maintain a positive disposition in life.

3.4. Relationship between stressors and coping mechanisms

Table 12 shows the results of tests of the significant relationship between the experienced stressors and the coping strategies of the senior professional respondents. The data revealed that statistical reliable relationships were observed between all types of stressors and the following coping strategies: problem avoidance, wishful thinking, self-criticism and social withdrawal. All the calculated correlation coefficients yielded a probability of error that is less than 0.01 ($p < 0.01$). The null hypothesis was rejected.

Problem avoidance is significantly correlated with physical-related stressors ($r = 0.315$), health-related stressors ($r = 0.315$), social-related stressors ($r = 0.297$), family-related stressors ($r = 0.265$), occupational-related stressors ($r = 0.315$) and financial-related stressors ($r = 0.313$).

Wishful thinking is also significantly correlated with physical ($r = 0.362$), health ($r = 0.353$), social ($r = 0.317$), family ($r = 0.286$), occupational ($r = 0.319$) and financial ($r = 0.354$) related stressors.

Table 12. Correlation matrix between the stressors and the coping strategies of older adults

Strategies for Coping with Stress	Stressors					
	Physical	Health	Social	Family	Occupational	Financial
Problem solving	-0.041	-0.095	-0.056	-0.077	-0.031	-0.076
Cognitive restructuring	-0.054	-0.090	-0.046	-0.069	-0.039	-0.073
Express emotions	0.054	0.057	-0.032	-0.024	0.093	0.068
Social contact	0.139	0.125	0.078	0.056	0.192	0.140
Problem avoidance	0.315**	0.315**	0.297**	0.265**	0.315**	0.313**
Wishful thinking	0.362**	0.353**	0.317**	0.286**	0.319**	0.354**
Self-criticism	0.465**	0.413**	0.415**	0.379**	0.420**	0.420**
Social withdrawal	0.449**	0.395**	0.496**	0.386**	0.402**	0.384**

Note: ** = Correlation is significant at $p < 0.01$; $N = 188$ for all analyses.

Furthermore, correlations tests yielded the following Pearson coefficients between the self-criticism coping strategies and all the six categories of stressors: physical ($r = 0.465$), health ($r = 0.413$), social ($r = 0.415$), family ($r = 0.379$), occupational ($r = 0.420$) and financial ($r = 0.420$). The social withdrawal coping strategies variable was also shown to be significantly correlated with physical-related stressors ($r = 0.449$), health-related stressors ($r = 0.395$), social-related stressors ($r = 0.496$), family-related stressors ($r = 0.386$), occupational-related stressors ($r = 0.402$) and financial-related stressors ($r = 0.384$).

On the other hand, no significant relationship was observed between any of the stressor groups and the other coping strategies, namely problem-solving, cognitive restructuring, express emotions and social contact. Table 12 clearly demonstrates the very low or negligible coefficients of correlation and none of the correlation values yielded a probability of error values less than 0.05.

The above findings suggest that the perception of stress is associated with the use of negative coping strategies and vice versa. Individuals who ignore the problem and do nothing about it, who keep their feelings within themselves, who just wait and hope that things will get better, or who blame themselves for what has happened are more predisposed to higher level of stress.

All the above results supported extant literature showing the association between quality of life and stress in various dimensions of life. The results of the present study provided support to the theoretical conceptualisation of quality of life by Lawton (as cited in Kalfoss, 2010). Overall findings imply that the quality of life of older adults may be influenced by the perceived severity of the difficulties in life transitions they undergo. The extent to which the older adults are able to cope and the level of satisfaction they derived from the physical and health (De Matos, 2011; Efklides, Varsami, Mitadi & Economidis, 2006; Hui-Chuan, 2007; Krause, 2004b; Penhollow et al., 2009; Rejeski & Mihalko, 2001; Park et al., 2010; Sy, Sarmenta, Narciso & Francisco, 2014), social (Beyen et al., 2002; Godoy-Izquierdo et al., 2013; Hamama et al., 2013; Hamarat et al., 2002; Moeller & Chung-Yan, 2013), family (Kohn & Schooler as cited in Hauser & Roan, 2007; Neupert et al., 2007; Seigrist, 2001), occupational (Mahan et al., 2010; Marmot et al., 1999; Moeller & Chung-Yan, 2013; Stevens-Ratchford, 2008; Sy et al., 2014) and financial (Chen, 2001; Efklides et al., 2006) conditions in life contribute to a productive and meaningful life.

The present finding is related to what DePinna (2014) had found in her dissertation that social support may buffer the negative impact of stress, increase self-esteem and promote more positive emotional experiences. Furthermore, the findings that show direct association between stressors and what may be considered as non-adaptive coping strategies were explained in the study of Schanowitz (2003) who claimed that greater use of meaning-based and active coping strategies (as opposed to problem avoidance, wishful thinking, self-criticism and social withdrawal) is associated with higher levels of reported positive psychosocial functioning (i.e., positive affect and psychological well-being).

3.5. Personal- and work-related variables and their influence on the experienced stressors

Table 13 illustrates the results of multiple regression analyses conducted for the severity of stressors experienced by the older adults. As to physical-related stressors, only gender was found to be significantly correlated ($r = 0.358$), and this variable explained 12.0% of the total variance in the physical-related stressor scores. Note that gender was coded as 1 = male and 2 = female, hence, the negative value of t statistic which is equal to -3.889 ($p < 0.001$) suggests that male older adults experience greater physical stress than their female counterpart.

Table 13. Stepwise regression analyses on predictors of stressors

Dependent variable	Model (Predictor)	R	R ²	Adjusted R ²	β	t	Sig.
Physical-related stressors	Gender	0.358	0.128	0.120	-6.325	-3.889	0.001
Health-related stressors	Gender	0.350	0.122	0.114	-.350	-3.787	0.001
	Gender	0.400	0.160	0.143	-18.976	-3.450	0.001
	Academic rank				-4.953	-2.134	0.035
Social-related stressors	Gender	0.289	0.083	0.074	-7.641	-3.060	0.003
Family-related stressors	Academic rank	0.291	0.084	0.076	-4.300	-3.082	0.001
	Academic rank	0.379	0.144	0.127	-3.701	-2.693	0.008
	Gender				-8.659	-2.658	0.009
Occupational-related stressors	Education	0.311	0.097	0.088	-5.083	-3.320	0.001
	Education	0.379	0.144	0.127	-4.246	-2.760	0.007
	Gender				-5.757	-2.374	0.019
Financial-related stressors	Gender	0.284	0.081	0.072	-10.007	-3.008	0.003
	Gender	0.361	0.130	0.113	-8.169	-2.445	0.016
	Education				-5.093	-2.403	0.018

The results were consistent with that of the health-related stressors. There is a significant correlation between gender and the experienced severity of health-related stressors ($r = 0.350$), and the adjusted r^2 showed that gender explained 11.4% of the total variance in the scores in health-related stressors. In the second equation, academic rank was added to gender which has increased the explained variance by 14.3%. The negative values of t statistics ($t = -3.450$, $p < 0.001$, for gender; $t = -2.134$, $p < 0.035$, for academic rank) depicted that among the senior professionals, male with lower academic ranks are more prone to the negative effects of health-related stressors. The study of Wu et al. (2013) have noted that while older women have greater tendency to suffer from chronic conditions, older males are more likely to suffer from specific physical and health conditions such as stroke, chronic lung diseases, asthma, nasal allergies, cataract disease, liver disease, alcohol or other substance use disorders, hypertension and other cardiovascular conditions.

There is also a significant association between gender and the perceived severity of social-related stressors ($r = 2.89$). Gender also accounts for 7.4% of the total variance in the social-related stressor scores. The $t = -3.060$, $p < 0.003$ indicates that males are more susceptible than females to the adverse effect of social-related stressors.

On the family-related stressors, both academic rank and gender were found to be significant predictors of family-related stressors. Data in Table 22 shows that higher academic rank is associated with lower level of family-related stress ($r = 0.291$, $\text{adj } r^2 = 0.076$, $t = -3.082$, $p < 0.001$). In the second equation, gender was added to academic rank increasing the coefficient of correlation to 0.379 and the total explained variance to 12.7%. The negative t statistic values ($t = -2.693$, $p < 0.008$, for academic rank; $t = -2.658$, $p < 0.009$) suggested that male senior professionals with lower academic ranks are more prone to family-related stress.

On the occupational-related stressors, education and gender were reported as significant predictors. Educational attainment alone has yielded a correlation coefficient of 0.311 and this variable accounts for 8.8% of the total variance in the scores in occupation-related stressors. Gender was added to educational attainment which increased the coefficient of correlation to 0.379 and the adjusted coefficient of determination to 0.127. This composite variable explained 12.7% of the total variance occupational stress scores. The values of t statistics ($t = -4.246$, $p < 0.007$, for education; $t = -5.757$, $p < 0.019$, for gender) indicated that male senior professionals with lower educational attainment are the ones who experienced higher occupational-related stress.

Gender and education of senior professionals are also revealed to significantly predict the level of financial stress. Gender alone accounts for 7.2% of the total variance (with $r = 0.284$, $t = -3.008$,

$p < 0.003$). Combined with educational attainment, the coefficient of correlation increased to 0.361 and explains 11.3% of the total variance in the financial stressors scores. The computed t statistics ($t = -2.445$, $p < 0.016$, for gender; $t = -2.403$, $p < 0.018$, for education) suggests that male academicians with lower educational attainment experience greater financial stress among other older adult professionals.

This study also showed that academic rank predicts health- and family-related stressors. Findings imply that university senior professionals who have lower ranks are more prone to stress related to health and family matters. It should be noted that more retired older adults in this study are full professorial rank holders, compared to many pre-retirees who are still in the lower echelon of academic ranking. Aside from this, many of these pre-retirees occupy designations other than teaching (e.g., advising students, serving in various university committees, writing and publishing research papers, conducting extension and community services, etc., which may not be required among the part-timers or retirees) which may put strain on the health of a senior professional. Family-stressor may also be due to difficulty in meeting the demands of both work and family responsibilities.

Education is also a significant predictor of both occupational- and financial-related stressors. This observation may be explained by the circumstance in the higher education system where educational attainment is one of the primary bases for promoting faculty members. Higher education and training also provides the academic staff with better preparation and are better abreast of developments in their fields of specialisation and are likely to be more capable of engaging in research and scholarship. It could be inferred that senior professionals who have obtained their postgraduate degrees have lower levels of occupational and financial stress.

4. Conclusion and recommendations

The older adult university professors complain about age-related bodily pains and physiological discomfort which, consequently, make them rely on medications to improve their physical and health conditions. They are also vulnerable to some stressors related to physical, social, family and financial concerns, which challenge their quality of life. The older adults in this study have been enjoying relatively good health and better access to health information. Yet, there is still a need to intensify educational campaigns that will promote physical health, and psychological support and resources to promote wellbeing and successful ageing. For instance, the sound quality of life of the older adults can be maintained and enhanced through a structured university wellness programme for quality of life improvement, a holistic programme that may include a variety of health, physical, psychosocial and related support services, which can be implemented through the concerted efforts of the concerned academic and administrative offices/units of the university. An office/unit in the university can be created to develop plans, projects and series of activities designed to promote quality of life and successful ageing, particularly in the work life of the older adult professors and instructors. However, if budgetary limitations restrict the creation of a new office, an already existing office/department, like the human resource department, can be tasked to manage and coordinate the programme.

The university administration should support the development of a wellness agenda focusing on the needs of the senior professionals who are an important intellectual and human resource of every academic institution. More importantly, espousing services that will foster their welfare is an attestation that a university recognises their important contributions who have dedicated their expertise, time and energy to the service of the institution and the stakeholders that they serve.

Workplace should be made safe and accessible, especially for those who are physically challenged and have difficulty in mobility. For instance, classes assigned to the senior professionals may be held in the lower storey of the school building. Whenever possible, other infrastructure, such as elevator (if any), staircases, elevated steps and handrails should be made elderly-friendly, and additional devices should be installed to minimise tripping hazards. The administration may also provide an accessible faculty lounge or retirees lounge equipped with materials and resources where older adults can relax

(e.g., watch television, read books, listen to soothing music) and rest or take a nap in during class intervals.

Furthermore, to minimise risks of illnesses and accidents, senior professionals, especially the retirees, must be required to undergo yearly executive examinations and a semestral medical clearance prior to re-appointment to post-retirement, non-administrative teaching to ensure that they are fit and capable of handling the physical demands of classroom teaching. The same medical or health clearance should also be required for appointment to research and consultancy positions.

Income, educational attainment and academic rank are factors that are essential determinants of stressors among senior professionals. Schools may develop policies for the re-entry of retirees who are still willing to continue teaching after retirement from full-time government service. The income of senior professionals may also be augmented by engaging in paid research projects where they can work as project leader or collaborator or as priced consultants to government or private agencies. Given their wealth of experiences and qualifications, retirees, in particular, may still consider handling administrative positions in private. This post-retirement career or 'recareer' will not only help increase their financial capability but will also provide them the opportunity for maintaining or improving their academic status, continuous productivity, learning new skills, transferring knowledge and expertise to younger generations and improving their self-esteem and positive outlook in life. Furthermore, while the older adult academics may no longer pursue higher graduate education, they may continue to participate in seminars, training and conferences to update their knowledge and technical skills and keep themselves abreast with the latest trends in their respective professions.

This study helped draw the profile of senior professionals in tertiary state schools in Manila. It is also recommended that further studies be conducted among senior professionals from other sectors of the academe, e.g., older adults from private universities, from the basic education (elementary and high school) and from other regions to better understand the demographics of older adults. Whether the physical, health, psychological, social and other important needs of the elderly from other educational sectors are being met is also a critical question that should be addressed in order to arrive at recommendations that will address these concerns and contribute to the literature of successful ageing of older adults in the academe.

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