**IJCRT.ORG** 

ISSN: 2320-2882



# INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

# Perceived Stress and Life Satisfaction among Adults with and without Chronic Illness

Mukta Karamadi<sup>1</sup>, Cindy DSilva<sup>2</sup>

<sup>1</sup>Dhempe College of Arts and Science, Miramar, Panaji, Goa.

<sup>2</sup>Nirmala Institute of Education, Altinho-Panaji, Goa.

Abstract: Chronic illness can have a severe impact on the wellbeing of individuals. It could be quite stressful to make adjustments in day to day life to manage the chronic illness and cope with reduced quality of life. There is a two way relationship between chronic illness and stress. The purpose of this study was to compare the perceived stress and life satisfaction among adults who have chronic illness with those who do not have. A brief questionnaire on perceived stress, life change units stress scale and life satisfaction scale were administered on a group of 140 individuals (70 adults with chronic illness and 70 adults without any chronic illness). The sample was taken from various parts of Goa. 't' test was used to measure the significance of difference between the two groups. Results showed that there was no significant difference between the two groups with regard to perceived stress level, life change units and life satisfaction.

Key Words: Perceived Stress, Life Change Units, Life Satisfaction, Chronic Illness

# 1. Introduction

#### 1.1 Chronic Illness

The U.S. National Center for Health Statistics defines 'chronic disease' as a disease that lasts for 3months or more. Chronic diseases generally cannot be prevented by vaccines or cured by medication, nor do they just disappear. [1]. Most common chronic diseases include arthritis, coronary heart disease, stroke, cancer, diabetes, kidney disease, osteoporosis, asthma etc.

Chronic illness can disrupt one's life in many ways. With chronic illness, one has to learn to live life with the physical effects of the illness and to do so one must understand the possible symptoms of the illness and how one can deal with effectively in terms of emergencies. Besides, the chronically ill patients need to also learn to maintain social relationships and avoid isolation because isolation can further have a negative impact on the patient's health conditions. Other disruptions can be financial crisis due to inability to work and lack of support system. And all of these conditions along with the chronic disease can have a severe impact on the self-image of a person thus affecting her/his coping skills.

Chronic diseases are not restricted to a specific age-group; however they tend to become more common with aging. Although the risk factors vary with gender and age, most of the chronic illnesses in United States are caused by unhealthy lifestyle and metabolic risk factors [2]. Therefore, behavioral changes like quitting smoking, adopting a healthy diet, and increasing physical activities can help in preventing such health conditions. Social factors like level of education, socioeconomic status, and ethnicity, are major causes for

the differences observed in the care of individuals with chronic disease [3]. Poor or lack of access and delay in receiving care for illness further worsens the conditions of the underserved individuals [4].

#### 1.2 Perceived Stress

Stress occurs when an individual is generally unable to adapt to circumstantial demands [5][6]. Perceived stress is the feelings or thoughts that an individual has about how much stress they are under at a given point in time or over a given time period[7]. It incorporates feelings about the uncontrollability and unpredictability of one's life, how often one has to deal with irritating hassles, how much change is occurring in one's life, and confidence in one's ability to deal with problems or difficulties [7].

Individuals undergoing similar undesirable events might still show different levels of perceived stress. And this can be because of the differences in their personalities, support system and coping strategies or skills, suggesting that environment does have a crucial role to play in defining perceived stress [8]. Perceived stress does not consider the events or the level of stress rather it highlights the ability of an individual to handle stress and also how he/she feels about the stressful events in their life.

#### 1.3 Life Satisfaction

Life-satisfaction is the degree to which a person positively evaluates the overall quality of his/her life as-a-whole [9]. It is more of how happy one feels when one thinks about her/his life as a whole. Various factors that contribute to quality of life include healthy living conditions, financial security and more importantly health. Health has been identified as one of the most important factor related to life satisfaction [10].

Life satisfaction is an overall assessment of feelings and attitudes about one's life at a particular point in time ranging from negative to positive. It is one of three major indicators of well-being, along with positive affect, and negative affect [11].

Chronic illness does have an impact on the life satisfaction of an individual as it brings along a lot of conditions to which the individuals have to adjust and compromise. Constant compromise to every change that is brought by chronic illness can create fear, anxiety, stress and even anger in a person. And having poor life satisfaction can in turn contribute to chronic illness like depression. Therefore it is very important that the individuals seek help from health care professionals like counsellors besides their regular doctors as emotional stability can help individuals live a quality life.

The current research investigates perceived stress as well as life change units and life satisfaction in individuals with chronic illness and compare with those who do not have any chronic illness.

# 2. Method

# 2.1. Objective of the study:

To compare the perceived stress and life satisfaction among adults who have chronic illness with those who do not have.

#### 2.2. Hypotheses:

H<sub>a</sub>1: There will be significant difference in the level of perceived stress between adults who have chronic illness and those who do not have.

H<sub>a</sub>2: There will be significant difference in the life change units of stress between adults who have chronic illness and those who do not have.

H<sub>a</sub>3: There will be significant difference in the life satisfaction between adults who have chronic illness and those who do not have.

# 2.3. Participants:

The total sample consisted of 140 adults from various parts of Goa; 70 adults with chronic illness (CHD and/or diabetes) and 70 adults without any chronic illness.

# 2.4. Measures: The following measures were used for the study:

- Perceived Stress Scale by Sheldon Cohen
- Holmes and Rahe Stress Scale
- The Satisfaction with Life Scale by Ed Diener

#### 2.5. Procedure:

Data was collected by administering three inventories to each respondent. Nature of the study and objectives were explained to them. Clear instructions were given to the participants before administering each inventory.

# 2.6. Statistical Technique:

To analyze the data, 't' test was used.

# 3. Results and Discussion:

This study examined the association between chronic illness, perceived stress and life satisfaction among adults. A comparison was made between the adults who have chronic illness with those who do not have.

Table-1: Descriptive statistics and t-value for measures of perceived stress of adults with and without chronic illness

	Mean	Standard Deviation	t- value
Adults with chronic illness	20.61	4.12	1.80
Adults with no chronic illness	17.40	4.37	10

The results shown in Table-1 suggest that, there is no significant difference in the level of perceived stress of adults who have chronic illness and of those who do not have. The t-value is not significant, hence the  $H_a1$  is rejected. However the mean score of adults who have chronic illness is higher (20.61) than mean score of those who do not have (17.40), which reveals that individuals with chronic illness have slightly more stress than those without chronic illness.

Table-2: Descriptive statistics and t-value for measures of life change units on stress scale of adults with and without chronic illness

	Mean	Standard Deviation	t- value
Adults with chronic illness	107.96	43.74	1.419
Adults with no chronic illness	100.26	33.72	

The results shown in Table-2 reveal that, there is no significant difference in the life change units on stress scale of adults who have chronic illness and of those who do not have. The t-value is not significant, hence the H<sub>a</sub>2 is rejected. However the mean score of life

change units of adults who have chronic illness is higher (107.96) than mean score of those who do not have (100.26), which reveals that individuals with chronic illness have more stress than those without chronic illness.

Table-3: Descriptive statistics and t-value for measures of life satisfaction of adults with and without chronic illness

	Mean	Standard Deviation	t- value
Adults with chronic illness	24.47	5.35	0.395
Adults with no chronic illness	25.19	4.46	

The results shown in Table-3 show that, difference between the adults who have chronic illness and those who do not have, is not significant with regard to life satisfaction. The t-value is not significant, hence the H<sub>a</sub>3 is rejected. This shows that chronic illness does not have negative impact on life satisfaction of individuals.

# 4. Conclusion:

The relationship between stress and chronic illness is evident in many studies. However the present study has not shown a significant relationship. Even the life satisfaction of adults with chronic illness is almost equal to those with no illness. This might be due to the fact that hypertension and diabetes (which are the main health problems reported by participants of the study), have become very common and people take no stress about it. This is a good example of resilience of human beings. Also they may not have difficulty in managing their health related problems. Further, easy access to health care facilities and family support make it easy for them to manage their illnesses.

#### References

- 1) http://www.medicinenet.com/script/main/art.asp?articlekey=33490
- 2) Danaei G, Ding EL, Mozaffarian D, Taylor B, Rehm J, Murray CJL, et al. (2011) Correction: The Preventable Causes of Death in the United States: Comparative Risk Assessment of Dietary, Lifestyle, and Metabolic Risk Factors. PLoS Med 8(1).
- 3) Braveman, P. et al (2010). Socioeconomic Disparities in Health in the United States: What The Patterns Tell Us. American Journal of Public Health.Vol 100(Suppl 1)
- 4) Mead, H. et al (2008). Racial and Ethnic Disparities in U.S. Health Care: A Chartbook. The Commonwealth Fund.
- 5) Cohen, S., Janicki-Deverts, D., & Miller, G. (2007). Psychological stress and disease. The Journal of the American Medical Association, 298(14), 1685-1687.
- 6) Lazarus, R. (1993). From psychological stress to the emotions: A history of changing outlooks. Annual Review of Psychology, 44, 1-21
- 7) Phillips AC (2013). Perceived stress. Encyclopedia of behavioral medicine. Gellman MD, Turner JR. Springer New York: 1453–1454
- 8) Lazarus, R. S. (1990). Theory-based stress measurement. Psychological inquiry, 1(1), 3-13.
- 9) Veenhoven, R. (n.d.). The Study of Life Satisfaction. Retrieved September 24, 2017, from http://www2.eur.nl/fsw/research/veenhoven/Pub1990s/96d-full.pdf
- 10) Dubey, A. (2003). Role of some psychological variables in chronic illness. Unpublished doctoral dissertation, Department of Psychology, D.D.U.Gorakhpur University, Gorakhpur
- 11) Diener, E. (1984). Subjective well-being. Psychological Bulletin, 95(3), 542-575.