IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Empty Nest Syndrome And Its Coping Strategies Among Parents

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Abstract: This study has been undertaken to investigate the empty nest syndrome and its coping strategies among parents. A quantitative research approach and non-experimental descriptive design was used to assess empty nest syndrome and its coping strategies. Data was collected from 100 parents of Pakhowal and Dango by using exponential non discriminative snowball sampling technique. Responses were collected on Socio-Demographic Profile, UCLA Loneliness scale (Russell D., Peplau L.A., and Ferguson M.L., 1978) and Brief-Cope scale (C.Carver, 1989). Data was tabulated & analyzed by using descriptive & inferential statistics. The results revealed that majority (58%) of the parents were from 50-65 years, most (51%) were female, majority (90%) from Sikh religion, most (89%) from nuclear family, most (96%) were married, most (100%) were literate and (83%) were highly qualified, majority (53%) from lower middle socio-economic status. Maximum of parents had mild (47%) to moderate (45%) empty nest syndrome, (88%) of the parents had adaptive levels of problem focused coping strategies, (86%) of the parents had adaptive levels of emotional focused coping strategies, (77%) of the parents had adaptive levels of avoidant coping strategies. The present study concluded that parents had mild to moderate empty nest syndrome, they were using adaptive problem focused coping, emotional focused coping & avoidant coping and empty nest syndrome and coping strategies are interrelated.

Index Terms – Empty nest syndrome, Coping strategies, Parents.

I. INTRODUCTION

The word ‘empty’ suggests a vacuum needing to be ‘filled’ again. When a colleague leaves the office, we talk about the replacement. We cannot replace the ‘human being’ we replace the ‘position'. When a young person leaves home, there is no replacing they are irreplaceable, and that vacuum remains. Empty nest syndrome isn’t a clinical diagnosis. Instead, empty nest syndrome is a phenomenon in which parents experience the feeling of sadness and loss when the last child leaves home for further studies or after marriage.[2]

Empty nest syndrome is the sadness or emotional trouble that parents feel when their children growing up and moving out of their family home. ‘Nest’ refers to the children spread their wings when they grow up and move on. The empty nest syndrome is a temporal association of clinical depression with the cessation of child-rearing; it also has been defined as the sense of loss when grown children leave home. Also, association with the term is the notion of a ‘profound ability of the parents to cope. However, usually reserve the term ‘empty nest syndrome’ for the several depression mentioned first. Nevertheless, negative affect associated with the empty nest syndrome is often reported in fewer degrees by mothers and fathers who are not clinically depressed. [3]

Of course, parents want their children to grow up and live independently. However, the experience of letting go is often emotionally challenging. Parents may feel lonely and have some degree of grief when their children leave the nest, whether it’s to live on their own, start a college career, or pursue their relationship. Women normally suffer more from empty nest syndrome than men do, and feelings of sadness may be more

pronounced among parents who are staying at home and their lives were organized around meeting the everyday needs of their children.[4]

These ambivalent feelings may reflect the emotional disturbance in normal life transitional period. While people often focus on the negative emotional aspects, the time in someone can open the door to new possibilities. Without the numerous responsibilities of caring and raising child, parents can take the opportunity to redefine who they are, decide what they want for the rest of their life, rededicate energy to their areas of interest, and renew their marital relationship.[5]

Research suggested that parents dealing with empty nest syndrome experience a profound sense of loss that might make them vulnerable to depression, alcoholism, identity crisis, and marital conflicts. Recent studies suggest that an empty nest might increase the work and family conflicts. When the last child leaves home, parents have a new opportunity to reconnect with each other, improve the quality of their marriage and rekindle interests for which they previously might not have had time. As these are the various coping strategies parents can use to cope with empty nest syndrome.[6]

Coping can be achieved either by focusing on problems faced by them or by focusing on the emotions to regulate that feelings. In problem-focusing, parents can define problems and figure out various solutions whereas in emotion focusing the parents can avoid that situation. These coping strategies may vary from individual to individual depending on the individual personality. It also depends on the parents whether they want to use both coping strategies combined or they want to use them separately.[5]

Analogously these coping strategies also include watching children grow and move away leads to feelings of fulfilment, pride, and satisfaction. They have to be excited to see their children reach the hopes and dreams that their parents have for them. If parents are unable to cope they are extremely sad and lonely. Parents, who stay at home, may feel a loss of purpose or worth without their children. Empty nest syndrome had an impact on a parent's health and relationship. The sense of loss and grief that can accompany a child's departure may lead to depression, substance abuse, or other adjustment problems.[7]

Parents whose days are filled with activities related to their kids often have an identity crisis. They feel that they have lost a major part of their identity and primary purpose in life.[8] According to **Wang G.** and **Zhonu L.** (2017) empty nest syndrome is a persistent and pervasive feeling of loneliness and depression of parents in response to their children's departure from home. Empty nest syndrome occurs and threatens the life quality of older adults and the stability of society as a whole.[9] On the one hand, it impedes older adults' ability to increase their life quality because it reflects the negative relationships among the family members and shows that those older adults are living an unhappy life with depression **(Cao W., Guo C. & Zheng J.).**[10]

When parents get familiar with their problems, have insight, and learn how to resolve them they would be able to cope with the empty nest syndrome. That's why it is important to make them think optimistically and to learn various measures to cope which will ultimately lead to empty nest syndrome. So, last but not least effective coping helps parents to overcome empty nest syndrome.

II. NEED OF THE STUDY

Aging does not just affect the elderly, it affects society in one way or the other. Globally majority of the elderly are affected by empty nest syndrome as they are unable to adapt to the situation when their child left the nest. Grief is a lesser-known symptom of empty nest syndrome. Taking up new challenges and finding a new purpose is the key to getting out from their child's empty nest syndrome monster thumb. Parents can resist the urge to check every few hours, permit them to put themselves first, and reconnect with their partner. Hence, empty nest syndrome is the grief that many parents may face when their children move out of the home.[11]

This condition is typically more common in women, as they are the primary caregiver. Parents and caregivers in the United States are usually between 40-60 years old when they begin empty nesting. Life events and stages, such as second marriages, late childbearing, or being a grandparent, caregivers can affect when the empty nest syndrome starts single parents can deal with an empty nest by seeking help from a support group that can be family or friends. A surrounding board for emotion can be helpful, asking for

support, planning fun events with the child without intruding on their newfound freedom, and taking up a new hobby. These coping strategies can be used by parents to get over empty nest syndrome.[12]

Thereby at every stage of life, every individual needs to adjust according to the changing pace of time. Empty nest syndrome is a transitional stage where the roles and responsibilities of parents have been shifted. They suffer from various physical and psychological bear and tear and sometimes may find themselves alone and do not find any support from anyone neither from family or friends.[13]

Mainly the person with empty nest syndrome has to use coping strategies to deal with the situation as coping strategies are constantly changing cognitive and behavioural efforts to manage internal or external stressors. Consequently, the study conducted by **Maurya A.** and **Kothari S.** in 2020 unable that the empty nest elderly uses different styles of coping strategies for dealing with the everyday stressor in their life. Results showed that coping strategies and well-being are interrelated in empty nest elderly populations. So learning better adaptive coping strategies will always be a primary goal to deal with empty nest syndrome. [11]

Furthermore, a study executed by **Kothari S.** on empty nest elderly to compare the coping strategies among males and females. This study showed that there is a significant difference in the coping strategies used by the males and females as they are using different approaches in dealing with empty nest syndrome by using adaptive problem, emotional focused, and avoidant coping strategies.[11]

Simultaneously, various coping strategies parents can use by parents to cope with empty nest syndrome these strategies include painting, gardening, exercise, watching T.V, news, etc. which could be very helpful in curing their loneliness. Community health nurses can motivate them to get involved in self-care activities and to keep them busy so which will be helpful to treat empty nest syndrome among parents.[14]

As researchers have observed that the majority of the children in Punjab have been migrated abroad and their parents stayed in their homes alone and the majority of them are having a feeling of loneliness. So we select this study to assess empty nest syndrome and coping strategies among parents residing in selected areas of district Ludhiana, Punjab as the migration rate was more in Punjab and their parents were alone at home and we develop IEC material (pamphlets) to improve the coping strategies of parents by motivating them regarding various strategies to cope with empty nest syndrome.

III. RESEARCH METHODS

The methodology of research is a brief description of the different steps taken to conduct the study. It includes strategies to be used to collect and analyse the data to accomplish the research objectives. This chapter deals with the description of methodology adopted for descriptive study to assess empty nest syndrome and its coping strategies among parents residing in selected areas of Ludhiana, Punjab.

3.1Population and Sample

The present study was conducted in selected rural areas (Dango & Pakhowal) in Ludhiana, Punjab. The criteria for selecting the study were availability of subjects' feasibility of conducting the study, economy of time and easy access, familiarity of the researcher with the setting excepted cooperation and administrative appraised for conducting the study. The sample was comprised of 100 parents which were selected by using Exponential Non - Discriminative sampling technique.

3.2 Data and Sources of Data

For this study the data was collected from the parents who fulfill the inclusion and exclusion data. The inclusion data were parents who were living alone when their children stay away from home for education, work or after marriage, able to understand Hindi, English or Punjabi language, available at time of data collection and exclusion criteria were parents who were non-consenting and having any psychiatric illness diagnosed by psychiatrist.

3.3 Selection and Development of Research Tool

Socio-Demographic profile, UCLA Loneliness Scale by Russel D. et al. In 1980, Brief Scale by C. Carver in 1989 were found to be appropriate and selected to assess empty nest syndrome and its coping strategies among parents. Socio demographic profile consisted of age, gender, religion, type of family, marital status, educational status, employment status and socioeconomic status. UCLA Loneliness scale was developed by **Russell D, Peplau, L.A & Ferguson, M. L (1978).** It is a standardized 20-items scale designed

to assess an empty nest syndrome among parents. It is a 4-point Likert – type scale ranging from 0 (never) to 3 (often). It is scored by taking a mean score of the representative items. Maximum score is 60 and minimum score is 0. Brief Scale was developed by **Carver. C. S. (2013).** It is a standardized 28 items scale designed to assess the empty nest syndrome among parents. It is 4-point Likert type scale ranging from 1(I haven't been doing this at all) to 4(I've been doing this a lot). It is divided into 3 categories that are Problem -focused coping, Emotional focused coping and Avoidant coping. Maximum score of Problem focused coping is 32 and minimum score is 8. Maximum score of Emotional focused coping is 48 and minimum score is 12 whereas maximum score of Avoidant coping is 32 and minimum score is 8.

3.4 Pilot Study

A pilot study was conducted with the following objectives:

- To assess the availability of the study subject.
- To assess the feasibility and practicability of using the research tools.
- To refine and find out the procedural deficiency in methodology.
- To estimate the time required for each study subjects.

Pilot study was carried out in month of January (2022) on 10 parents. Self-introduction was given to the participants and written informed consent was taken from the participants for the data collection. Self-reported method (pen paper) was used to collect the data. It took 20-25 minutes to fill the tool. The tool was found to be feasible and methodology was found to be appropriate. The subjects of the pilot study were also included in the main research.

3.5 Data Collection Procedure

- Final data was collected in the month of January 2022.
- Approval from ethical committee of SKSS, Ludhiana was obtained.
- A written permission was obtained from the Principal of SKSS College of nursing, Sarabha, Ludhiana, Punjab to conduct a study.
- Sample was selected by Non Probability Exponential Non Discriminative Snowball Sampling technique.
- Self-introduction was given to the selected subjects.
- Subject information sheet was given to the subjects after explaining purpose, benefits of the study.
- Anonymity of subjects and confidential of information were maintained during the study.
- Researcher explained the procedure to the study subjects prior to data collection. Parents were assured that their responses will be kept confidential and used for research purpose only.
- Informed written consent was taken from the subjects.
- Data was collected by self-report (pen paper method).
- Data was collected regarding parents profile including socio-demographic profile, UCLA and coping strategies using standardized tools by self-report (pen paper method). It took 20-25 minutes to fill the tool.

3.6 Ethical Consideration

- Ethical clearance was undertaken from the Committee of Dango & Pakhowal, Ludhiana, Punjab.
- An informed consent was obtained from the subjects.
- A written permission was obtained from the Principal of SKSS College of nursing, Ludhiana, Punjab to conduct study.

3.7 Plan of Data Analysis

- Analysis was done by using descriptive and inferential statistics.
- The analysis of data was done in accordance with objectives of the study.
- Calculations were carried out with the help of Microsoft Excel.

The various statistical measures used for analysis were frequency and percentage distribution, mean, standard deviation, t test and ANOVA test, Cronbach's alpha, test retest method and correlation coefficient.

IV. RESULTS AND DISCUSSION

Table 4.1: Distribution of parents as per their Socio-demographic Profile

N=100

Socio-demographic variables	f
Age(in years)	
35-50	31
50-65	**58**
65-80	11
Gender	
Male	49
Female	**51**
Religion	
Hindu	10
Muslim	0
Christian	0
Sikh	**90**
Type of family	
Nuclear	**89**
Joint	11
Extended	0
Marital Status	
Married	**96**
Unmarried	0
Divorced	0
Widowed	4
Educational Status	
Literate	**100**
Illiterate	0
Illiterate, then specify (n= 100)	
Primary	13
High	**83**
Undergraduate	4
Socioeconomic status	
Upper	0
Upper middle	17
Lower middle	**53**
Upper Lower	30
Lower	0

Mean±SD=54.14±7.29

Table 4.1 depicts that almost half of the parents (58%) were in the age group of 50-65 years followed by (31%) in the age group of 35-50 years and (11%) in the age group of 65-80 years. Half (51%) of the parents were females and (49%) were males. Maximum of the parents were belongs to Sikh religion (90.0%) followed by Hindu (10%), (0%) belong to Christian and Muslim. Maximum (89%) of the parents were from nuclear family followed by (11%) from joint family and (0%) were from extended family. Most (96%) of the parents were living together followed by (4%) were widower, (0%) were divorced and unmarried.

Majority (83%) of the parents had high education status followed by (13%) primary education status and (4%) were undergraduate. Half (57.0%) of the parents were working followed by (43.0%) from non-working. Half of (53.0%) the parents belong to lower middle class followed by (30.0%) from upper lower class, (17.0%) from upper middle class.

Hence, it can be concluded that (58.0%)of the parents were in the age of 50-65 years,(51.0%) were females,(90.0%)were Sikh,(89.0%) were from nuclear family,(100.0%) were educated and majority of parents were from lower middle class.

Figure 4.1.: Distribution of parents as per their employment status.

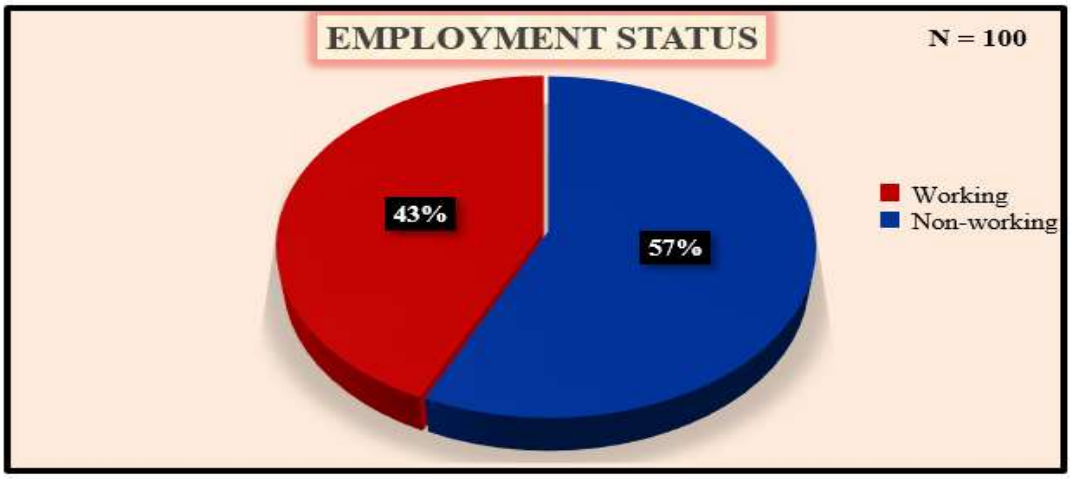

Figure 4.1. illustrate that half of the parents were non-working (57%) and (43%) were working.

Figure 4.2. Distribution of parents as per their specification of employement status.

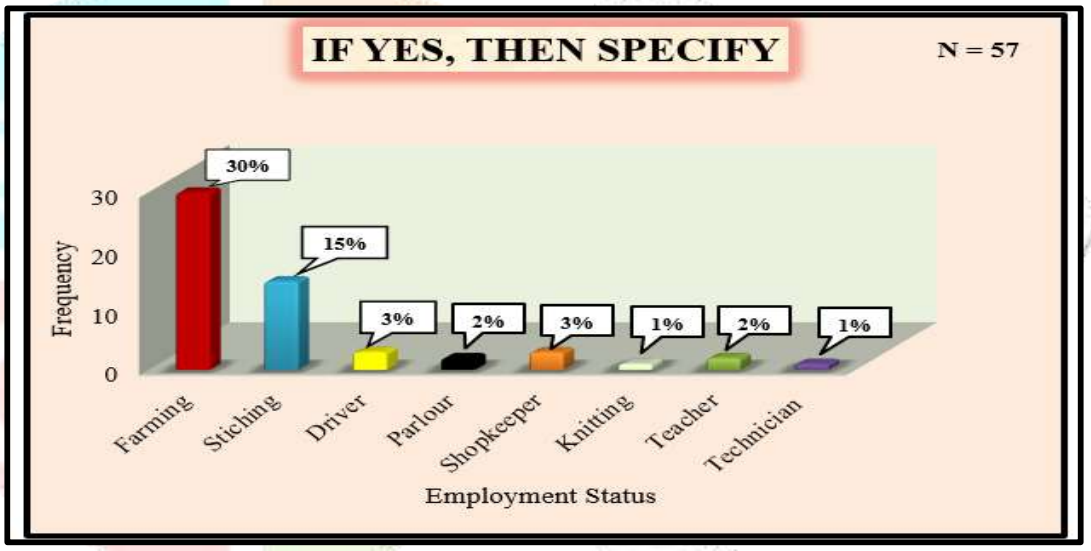

Figure 4.2 illustrate that 1/4th of the parents were doing farming (30%), stitching (15%),driver (3%), parlour (2%),shopkeeper (3%) and knitting (1%)

Objective 1: **To assess the empty nest syndrome among parents.**

Table 4.2. Distribution of parents according to empty nest syndrome.

N = 100

LEVELS	SCORE	f
Extreme	40-60	4
Moderate	20-40	45
Mild	**0-20**	**47**
No	0	4

Mean± SD =19.02±11.74

Maximum Score = 60

Minimum Score = 0

Table 4.2 illustrate that 1/4th of the parents were mild (47%) to moderate (45%) level of empty nest syndrome, followed by extreme (4%) and no (0%) empty nest syndrome. The mean empty nest syndrome score was found to be (19.02±11.74) among parents.

Hence, it can be said that maximum of parents had mild to moderate empty nest syndrome.

Objective 2: To identify the coping strategies among parents.

Table 4.3: Distribution of parents according to the levels of problem focused coping.

N=100

LEVELS	SCORE	f
Adaptive	**>16**	**88**
Maladaptive	<16	12

Mean±SD= 21.55±5.29

Maximum Score=32

Minimum Score =8

Table 4.3 shows that maximum (88%) of the parents had adaptive levels of problem focused coping strategies followed by (12%) had maladaptive levels of problem focused coping strategies. The mean problem focused coping strategies score was (21.55±5.29) among parents.

Hence, it can be concluded that maximum of the parents had adaptive levels of problem focused coping strategies.

Table 4.4: Distribution of parents according to the levels of emotional focused coping.

N=100

LEVELS	SCORE	f
Adaptive	**>24**	**86**
Maladaptive	<24	14

Mean ± SD = 28.51 ± 5.44

Maximum Score =48

Minimum Score =12

Table 4.4 shows that maximum (86%) of the parents had adaptive levels of emotional focused coping strategies followed by (14%) had maladaptive levels of emotional focused coping strategies. The mean emotional focused coping strategies score was (28.51±5.44) among parents.

Hence, it can be concluded that maximum of the parents had adaptive levels of emotional focused coping strategies.

Table 4.5: Distribution of parents according to the levels of avoidant coping.

N=100

LEVELS	SCORE	f
Adaptive	**>16**	**77**
Maladaptive	<16	23

Mean±SD =18.1±4.14 *Maximum Score=32*

Minimum Score =8

Table 4.5 shows that majority (77%) of the parents had adaptive levels of avoidant coping strategies followed by (23%) had maladaptive levels of avoidant coping strategies. The mean avoidant coping strategies score was (18.1±4.14) among parents.

Hence, it can be concluded that maximum of the parents had adaptive levels of avoidant coping strategies.

Objective 3: To find out the co-relation between empty nest syndrome and its coping strategies among parents.

Table 4.6: Correlation between empty nest syndrome and its coping strategies among parents.

N=100

Variables	Problem Focused Coping	Emotional Focused Coping	Avoidant Coping
Empty nest Syndrome	**Mean±SD** 21.55±5.29	**Mean±SD** 28.51±5.44	**Mean±SD** 18.10±4.14
Mean±SD 19.02±11.74	**r (p)** 0.25(0.01*)	**r(p)** 0.15(0.12^{NS})	**r(p)** 0.20(0.04*)

*Significant

NS Non- Significant

Table 4.6 illustrated a weak positive correlation of empty nest syndrome with problem focused coping strategies. Furthermore with emotional focused coping strategies and avoidant coping strategies it was found to be negligible correlation.

Hence, it can be said that empty nest syndrome and problem focused, emotional focused and avoidant coping strategies were correlated.

DISCUSSION

Sunidhi (2021) who conducted a study on 50 subjects residing in the BEE ENN College of nursing Jammu and reported that 42% of parents had mild empty nest syndrome, 30% of parents had moderate and 28% of parents had severe empty nest syndrome.[17]

Galiana L., Tomas J.M., Fernandez I. Oliver A. (2020) conducted a study on 857 subjects residing in Jammu and reported that majority (77%) of the older adults were using adaptive problem focused coping, emotional focused coping and avoidant coping.[5]

Chaudhary N. Sain R. (2020) who conducted a study on 80 subjects residing in the Jaipur, Rajasthan and reported that there was positive correlation between empty nest syndrome and coping strategies among mid life Indian couples which was found to be statistically significant $p<0.05$ level of significance.[30]

CONCLUSION

The present study concluded that parents had mild to moderate empty nest syndrome as they were using adaptive problem focused coping, emotional focused coping and avoidant coping. It was concluded that Empty nest syndrome, problem focused coping, emotional focused coping and avoidant coping had statistically significant positive correlation which indicated that decrease in Empty nest syndrome leads to adaptive coping.

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