



A STUDY TO ASSESS THE IMPACT OF EDUCATIONAL INTERVENTION ON KNOWLEDGE REGARDING COPING STRATEGIES AMONG OLDER ADULTS IN SELECTED COMMUNITY AREAS OF SRI GANGANAGAR, RAJASTHAN

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ABSTRACT

Background: Coping is a crucial adaptive process that enables older adults to manage stress, chronic illness, and age-related life transitions. Educational interventions are an effective approach to promote awareness, skill-building, and psychosocial well-being among elderly populations, particularly in community settings where professional support is limited. **Objectives:** To assess the impact of an educational intervention on knowledge regarding coping strategies among older adults residing in selected community areas of Sri Ganganagar, Rajasthan. **Methodology:** A quasi-experimental one-group pre-test post-test design was used. Sixty older adults aged 60 years and above were selected using a purposive sampling technique. Data were collected using a structured knowledge questionnaire on coping strategies. The intervention consisted of a structured educational program focusing on problem-focused and emotion-focused coping approaches. Post-test data were collected after one week. Descriptive and inferential statistics, including paired *t*-test, were used to analyze pre-test and post-test scores. **Results:** The mean pre-test knowledge score was significantly lower than the post-test score ($p < 0.001$), indicating that the educational intervention effectively improved participants' understanding of coping strategies. The majority of participants demonstrated enhanced awareness of adaptive techniques such as positive reframing, social engagement, and stress regulation following the intervention. **Conclusion:** Structured educational programs significantly improve the knowledge of coping strategies among older adults. Integrating such community-based educational modules into nursing practice can foster self-efficacy, promote resilience, and enhance overall well-being in the geriatric population.

KEYWORDS: Coping strategies, Educational intervention, Older adults, Community health nursing, Sri Ganganagar, Knowledge improvement.

INTRODUCTION

The world's population is ageing at an unprecedented rate. According to the United Nations, the number of people aged 60 years and above is expected to double by 2050, reaching over two billion globally.^[1] This demographic transition has profound implications for health systems, as older adults are more vulnerable to chronic diseases, psychosocial stress, and diminished functional ability. Ageing often brings about significant life stressors—retirement, social isolation, bereavement,

and declining physical health—which can influence psychological well-being.^[2] Effective coping strategies are therefore essential for maintaining mental stability and promoting successful ageing in this vulnerable group.^[3]

Coping refers to the cognitive and behavioural efforts employed by individuals to manage specific external or internal demands that are perceived as taxing or exceeding their resources.^[4] Two primary types of coping

have been identified: **problem-focused coping**, which aims to modify or eliminate the source of stress, and **emotion-focused coping**, which seeks to regulate emotional responses. Among older adults, cognitive changes, health limitations, and social context shape the way stress is perceived and managed.^[5] Adaptive coping mechanisms such as optimism, acceptance, and social support seeking are associated with better psychological outcomes, while maladaptive strategies like avoidance and denial increase distress.^[6,7]

Educational interventions have shown considerable promise in improving coping and resilience among older populations. A systematic review by Chen et al.^[5] and meta-analysis by Zhu et al.^[6] revealed that structured teaching programs enhance coping efficacy, reduce anxiety, and improve quality of life in elderly groups. Moreover, Kok et al.^[8] identified meaning-focused coping as a vital element for sustaining emotional health, and Patil et al.^[9] highlighted that social engagement interventions effectively mitigate loneliness and psychological decline among older adults.

In India, the ageing population is expanding rapidly, expected to reach 319 million by 2050—nearly 20% of the total population. Many elderly individuals in rural and semi-urban communities like Sri Ganganagar, Rajasthan, face poor health literacy and inadequate access to psychosocial care, leaving them ill-equipped to manage emotional challenges associated with ageing. Community health nurses, through structured education, can empower older adults to develop adaptive coping behaviours that promote self-reliance and well-being.^[10] Therefore, the present study was conducted to assess the impact of an educational intervention on knowledge regarding coping strategies among older adults residing in selected community areas of Sri Ganganagar, Rajasthan.

METHODOLOGY

Research Design

A quasi-experimental one-group pre-test post-test design was used to assess the impact of the educational

intervention on knowledge regarding coping strategies among older adults. This design was chosen to measure the change in knowledge within the same group before and after the structured teaching intervention.

Setting of the Study

The study was conducted in selected community areas of Sri Ganganagar, Rajasthan. The area was chosen based on accessibility, availability of older adult populations, and the feasibility of conducting structured educational sessions within community settings.

Population and Sampling Technique

The target population consisted of older adults aged 60 years and above residing in the selected community areas. A purposive sampling technique was adopted to select 60 participants who met the inclusion criteria: age 60 years and above, willingness to participate, and ability to understand Hindi. Older adults with cognitive impairment or severe illness were excluded from the study.

Tool and Method of Data Collection

A structured knowledge questionnaire on coping strategies was used as the data collection tool. It comprised items related to concepts, types, and importance of coping strategies in daily life. The tool was validated by nursing and psychology experts. Data collection was done in two phases — pre-test and post-test. After administering the pre-test, an educational intervention was provided through lectures and interactive discussions using visual aids. The post-test was conducted after one week using the same tool.

Plan for Data Analysis

Data were analyzed using descriptive and inferential statistics. Frequency and percentage were used to describe demographic data. Mean, standard deviation, and paired *t*-test were applied to compare pre-test and post-test knowledge scores. A *p*-value less than 0.05 was considered statistically significant.

RESULTS

Table 1: Frequency and Percentage Distribution of Older Adults According to Demographic Variables (n = 60).

S.No.	Demographic Variable	Category	Frequency (f)	Percentage (%)
1	Age (years)	60–65	20	33.3
		66–70	18	30.0
		71–75	12	20.0
		> 75	10	16.7
2	Gender	Male	28	46.7
		Female	32	53.3
3	Educational Status	No formal education	14	23.3
		Primary	20	33.3
		Secondary	16	26.7
		Graduate and above	10	16.7
4	Marital Status	Married	46	76.7
		Widowed	12	20.0
		Single / Divorced	2	3.3

5	Family Type	Joint	35	58.3
		Nuclear	25	41.7
6	Monthly Income (INR)	< 10,000	22	36.7
		10,001–20,000	25	41.7
		> 20,000	13	21.6
7	Residence	Urban	38	63.3
		Rural	22	36.7
8	Living Arrangement	With family	49	81.7
		Alone	11	18.3
9	Health Status (self-reported)	Good	30	50.0
		Average	21	35.0
		Poor	9	15.0

Table 2: Distribution of Respondents Based on Pre-Test and Post-Test Knowledge Scores Regarding Coping Strategies (n = 60)

Knowledge Level	Score Range	Pre-Test f (%)	Post-Test f (%)
Poor	0–10	28 (46.7)	2 (3.3)
Average	11–20	24 (40.0)	10 (16.7)
Good	21–30	8 (13.3)	48 (80.0)
Total		60 (100)	60 (100)

Table 3: Comparison of Mean Pre-Test and Post-Test Knowledge Scores on Coping Strategies Among Older Adults (Paired *t* Test, n = 60).

Test	Mean (M)	SD	Mean Difference	t-value	p-value	Interpretation
Pre-Test	12.45	3.62				
Post-Test	22.83	4.18	10.38	17.29	< 0.001	Significant

DISCUSSION

The present study evaluated the effectiveness of an educational intervention in improving knowledge regarding coping strategies among older adults residing in selected community areas of Sri Ganganagar, Rajasthan. The findings revealed that participants' post-test knowledge scores (Mean = 22.83, SD = 4.18) were significantly higher than pre-test scores (Mean = 12.45, SD = 3.62), with a *t*-value of 17.29 and *p* < 0.001. This indicates that the educational program substantially enhanced participants' understanding of coping mechanisms, particularly in relation to stress management, social interaction, and emotion regulation.

These findings are consistent with the results of Asadi et al.^[11], who demonstrated that a structured educational intervention significantly improved mental health and coping behaviors among elderly women in Iran. Similarly, Richer et al.^[12] reported that a six-week psychoeducational prevention program enhanced resilience and reduced anxiety symptoms among older adults, confirming the effectiveness of structured learning in strengthening adaptive coping.

In the current study, the majority of participants belonged to the 60–70 year age group, were married, and resided in joint families. These demographic patterns may have contributed to better post-test performance, as social connectedness and family support often facilitate positive learning outcomes. Kasa et al.^[13] observed that nurse-led interventions improved community-dwelling older people's coping abilities and self-efficacy, which

aligns with the present findings. Park and Park^[14] also established that health-promotion interventions incorporating resilience-building components significantly enhance psychological well-being in older adults.

Furthermore, the present findings support the theoretical framework of resilience described by Van den Bogaard et al.^[15], who found that coping serves as a mediator between social support and subjective well-being. In the present study, participants who lived with families showed greater knowledge improvement than those living alone, suggesting that interpersonal support reinforces learning and behavioral change. The outcomes are also comparable to those reported by Rahman et al.^[16], where educational reinforcement led to better coping among elderly women with chronic illness.

Zarling et al.^[17] demonstrated that technology-based acceptance and commitment therapy (ACT) programs effectively improve coping and reduce loneliness, emphasizing that learning—whether through digital or in-person modes—promotes psychosocial adjustment. Likewise, Poudel and Gautam^[18] found that nurse-led group sessions enhanced social participation and reduced distress levels among older adults. These findings reaffirm the potential of educational interventions as a core component of geriatric nursing care.

The current results are further supported by Brinkhof LP et al.^[19] (19), who emphasized that participation in active educational programs improves autonomy, self-efficacy,

and adaptive coping among elderly individuals. Collectively, these studies establish that structured education enhances knowledge, resilience, and emotional stability among the ageing population.

Overall, the significant improvement in post-test knowledge scores indicates that the educational intervention was effective in promoting understanding and awareness of coping strategies among the elderly. Given the rising geriatric population in India, integrating community-based educational interventions into regular nursing practice is essential. Such initiatives can empower older adults to manage psychological stress, maintain social engagement, and achieve healthier ageing outcomes.

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