

Psychological Attributes, Stressors, and Coping of Older Adults Teaching in Selected State Universities in Manila, Philippines

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ABSTRACT

This paper examined the psychological attributes of older adults ranging from 55 years old and above who teach in selected state universities in Manila, Philippines. Psychological attributes, in this study, include self-concept, and their perception about the changes in their bodily, cognitive, and social attributes. Two hundred six (206) pre-retirees (55 to 64 years old) and retirees (65 years old and above) participated in the study. Results revealed that the older adults described themselves as generally friendly and generous, feel secured and competent, assertive, emotionally strong, and are contented and happy about life. They graciously acknowledged the changes in the physical, physiological, cognitive, and social attributes concomitant with aging. The stressors experienced by some of them within the last two years include: bereavement stressors—death of spouse, death of a family member and a close friend; family-related stressors—separation with child, and serious illness/injury of a family member; and work-related stressors—conflict with superiors and/or subordinates, and major career changes. Few have disclosed having experienced incidence of physical and verbal assaults, and financial exploitation. Various spiritual, cognitive, and social support mechanisms were resorted to by the respondents to cope with the experienced changes and stressful events. Implications for practice and research were discussed.

Keywords: older adults, retirees, pre-retirees, psychological attributes, self-concept, stressors, coping mechanisms

INTRODUCTION

The process of aging is complex and includes biological, psychological, sociological behavioral changes (Cox, 2006). Biologically, the body gradually loses the ability to renew itself. Various body functions begin to slow down and the vital senses become less acute. Psychologically, aging persons experience changing sensory processes, perceptions, motor skills, problem-solving ability, drive and emotions are frequently altered. Sociologically, they must cope with the changing roles and definitions of self the society imposes on the individual. For instance, the role expectation and the status of grandparents are different from those of parents, and

the roles of the retired are quite different from those of the employed. Being defined as "old" may be desirable or undesirable, depending on the particular culture and its values. Behaviorally, aging individuals may move slower and with less dexterity. Because they are assuming new roles and are viewed differently by others, their self-concept or attitudes about themselves, their emotions, and ultimately their behavior can be expected to change.

Many people adhere to some stereotypes or fixed ideas about aging (Caldwell & Hegner, 1986). Caldwell and Hegner (1986) listed some of these views and misconceptions: (1) Every one is old at the arbitrary age of sixty-five. At this special moment, the person becomes old, retires from work, and gives up participating in life; (2) The older person gradually loses interest and satisfaction in work as retirement nears. Once retired, the myth continues, the elderly dislike being retired and are bored, with nothing to fill their time (Myers, 1995); (3) Aging has a negative connotation with physical appearance and liabilities of the elderly. The picture drawn is of an individual who is institutionalized, is homebound, and whose physical abilities are greatly limited by severe and chronic illness; (4) As the individual ages, mental processes deteriorate, emotional adjustments become fragile, and the elderly become less intelligent, more forgetful, less adaptable and more rigidly conservative. The elderly are pictured as senile and depressed, seeing little joy or hope in their future; (5) Family and society have abandoned the elderly to isolation and loneliness. The elderly have been shut out of social participation and cause a drain in the limited resources; and (6) A final myth involves the financial security of the older generation. It is generally believed that the financial picture of the elderly is bleak. Due to inflation, the elderly, who generally live on fixed incomes and have limited resources, are more threatened.

Role changes among the aged are markedly influenced by the cultural stereotypes of old people which in turn have led to the unfavorable social attitude toward them. The common stereotype of an aged individual is that of a person who is worn-out physically and mentally; who is unproductive, accident-prone, crotchety, and hard to live with; and who, because his useful days are over, should be pushed aside to make way for people (Hurlock, 2001). As Crown and Herron (in Hurlock, 2001) have pointed out, this unfavorable stereotype makes it "difficult for anyone to see aging as anything but 'negative phase'." The prevalence of such stereotypes or myths will be diminished if research findings prove otherwise. It is for this reason that the researcher feels the need to conduct a research on

the actual situation of the aged or the older adults, particularly those who work in the educational sector. Research on stress, coping and satisfaction with life have become and among older adults have been the subject of a number of investigations (Beyene, et al. 2002; Gall, et al., 1997; Gandee, et al., 1998; Hamarat, et al., 2002; Krause, 2004; Moos, et al., 2005; Neupert, et al., 2007; Siegrist, 2001; Strawbridge, et al., 2002), and recently, some have focused on the older adult teachers (Ho, 1996; Mahan, et al., 2010; Moeller & Chung-Yan, 2013; Slikovic & Maslic Sersic, 2011).

Hamarat, et al. (2002) stated that old age is described as a time of physical, cognitive and social loss. This ageism, according to them, is prevalent in Western cultures, citing findings that many Americans view old age negatively and believe that aging makes people unattractive, unintelligent, asexual, unemployable, and senile. On the contrary, there are studies participated by the older persons showing that older adults perceived themselves as happier, experience fewer stressful events, have fewer negative emotions than do their younger counterparts (Auerbach & Gramling, 1997 in Hamarat, et al, 2002). In the study of Strawbridge et al (2002), more than half of the respondents have rated themselves as aging successfully, with the higher prevalence of successful aging occurring among women, younger participants (65 to 69 and 70 to 79 year-old brackets), and those with no financial problems. Over two-thirds of the older persons in the study of Beyene, et al. (2002) expressed positive attitudes toward aging. Similarly, Bengston (1996, in Hamarat, et al, 2002) also reported that being old is considered by the older persons as a time of elevated satisfaction, marked by the pursuit of new endeavors and an increase in meaningful relationship.

Gandee, et al. (1998) recognized 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, and 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 (ADLs) 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.

High levels of work stress are common to all teachers irrespective of age and length of teaching experience (Ho, 1996). The most cited stressors in the literature were excessive workload, followed by relationship with co-workers, parents, and supervisors (Mahan, et. al, 2010). A study of university teachers by Slikovic and Maslic Sersic (2011) pointed out that teachers have to cope with excessive workload and poor interpersonal relationships with superiors and/or peers. Some of these work-related stressors are directly related to the spilling over of work into the family and social domain.

Abuses are also common stressors experienced by the elderly. The various types of elderly abuses include physical (inflicting bodily harm), psychological (causing mental distress), financial, and other violation of the older persons' rights, which threaten the individual's psychological well-being. These were evident in U.S. samples (Acierno, et al., 2010; Teaster, et al., 2007), Portugal samples (Santos, et al., 2011), Canadian samples (McDonald, 2011), and U.K. samples (Dixon, et al., 2010). In the Philippines, however, there is a dearth of scholarly and empirical materials to read about these characteristics and concerns of Filipino older adults, particularly those who are in the academic profession.

This paper aims to contribute to the understanding of stress among Filipino older persons and the effective coping resources available for them to buffer the potential harmful consequences of stress. In particular, this paper is focused on elderly who are still involved in tertiary education teaching. Specific research questions include: (1) How can the psychological attributes of the older adult respondents be described in terms of their self-concept, and what are their perceptions about the changes in their bodily, cognitive, and social attributes?; (2) What are the stressors (bereavement, family- and work related stressors) and abuses (physical, verbal, and financial) they have experienced within the last two years?; (3) What strategies or activities do they resort into to adjust to these stressors?; (4) Is there any significant agreement on the experienced changes in the bodily, cognitive and social attributes, the stressors, and the coping strategies resorted to by the retirees and the pre-retiree older adults?

METHODOLOGY

Two state universities in Manila were selected to compose the locale of the study. Two hundred six (206) senior faculty members from the aforementioned universities were purposively sampled in this study. The lists of fulltime faculty members, 55 years old and above, and retirees who

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still teach on a part-time basis, were obtained from the human resource departments of these institutions. Table 1 describes the demographic profile of the respondents. There are one hundred twenty one (121) pre-retirees, (mean age is 58.5), and eighty-five (85) retirees, (mean age is 67.90). There are 69 females and 37 males. Majority in both groups are married (57.55%) and are master's degree holder (44.34%). Respondents differ, however, in terms of academic rank. Majority of the pre-retirees are associate professor (32.25%) and the retirees are full professors (40.91%). Since the participants were actively engaged in teaching in tertiary institutions at the time of the study, it was assumed that they are in good health and have no physical and functional impairment.

Table 1
Demographic Characteristics of the Older Adult Respondents

Characteristic	Pre-retirees n = 121		Retirees n = 85	
	f	%	f	%
Gender				
Female	80	66.1	54	63.6
Male	41	33.9	31	36.4
Civil Status				
Married	70	58.1	48	56.8
Single	25	21.0	17	20.4
Widow	19	16.1	15	18.2
Separated	6	4.8	4	4.6
Educational Attainment				
Doctorate	33	27.4	27	31.8
Master's	51	41.9	41	47.7
Bachelors	37	30.7	17	20.5
Academic Rank				
Full Professor	23	19.4	35	40.9
Associate Professor	39	32.3	25	29.6
Assistant Professor	29	24.2	17	20.4
Instructor	21	17.7	8	9.1
No response	8	6.4	0	0.0
Age (Mean)	58.50		67.90	

Instruments

The following instruments were used: (1) the Self-Concept Rating Scale (SCRS), which is based on semantic differential items describing how the older adults perceive themselves; (2) the Multi-Attributes Questionnaire (MAQ) which identified changes in the respondents physical, physiological, cognitive, and social attributes of the respondents; (3) the Stressors Survey which gathered information regarding their bereavement, family-related and work-related stressors and the abuses they experienced; and (4) the Stress-Reducing Mechanisms Inventory (SRMI) which measures the various stress-reducing mechanisms they utilized.

Data-Gathering Procedure

Approval to conduct the study from concerned authorities was secured. The researcher identified from the rosters provided by the human resource management departments the sample respondents in the study. The researcher administered the instruments and conducted interviews when necessary. Questionnaires were also distributed through the help of research students, and were coded to maintain confidentiality of the respondents' identity.

RESULTS AND DISCUSSION

Psychological Attributes

Self-Concept. The older adults described themselves as generally friendly and generous. They feel secured and confident, are competent, assertive, emotionally strong, and, by and large, are contented and happy about life. Pre-retirees appear to be more flexible and ambitious, while the retirees are shown to be more caring and relaxed. These findings provided support to what Orth, Trzesniewski, and Robins (2010) have found in a longitudinal study of men and women ages 25 to 104. Orth, et al. disclosed that self-esteem rises steadily as people age but starts declining around the time of retirement. However, the authors stressed that self-esteem trajectories may be explained by education, income, health, and employment status of the elderly. In the case of the present study, the older adults are all engaged in tertiary teaching. They are better educated, have no functional impairment, and earn income from fulltime or part time teaching. This group of elderly may view themselves as productive and

independent, which could explain their positive view of themselves, and of life, in general.

Changes on the Physical and Physiological Attributes. On the physical attributes, the following major changes were reported: appearance of wrinkles in the face, waist getting bigger, eye bags getting more pronounced, body getting bigger or obese, body becoming shapeless, loosening skin, missing or decaying teeth, drying lips, sagging skin, and balding hair. On the physiological dimension, less sleep, greater vulnerability to climactic changes, general feeling of weakness, hypertension, major change in sleeping habits, and vulnerability to illness were the most reported changes. The findings are consistent with what the American Psychological Association [APA] (1998) reported about the common age-related physical changes which include hearing impairment, weakening vision, and the increasing probability of arthritis, hypertension, heart disease, diabetes, and osteoporosis. The study on functional limitations and disabilities among elderly by Kelley-Hayes, et al (1992) disclosed that over 92% of the 63 to 94-year-old community-dwelling older adults neither reported disability nor were observed to have functional limitations in the six ADL tasks, to wit: dressing, grooming, feeding, chair transfer, walking and stair climbing. These changes in the physical and physiological attributes seem to follow the natural developmental events—that as the individual gets older, the greater becomes the tendency to express physical complaints and to experience a decrease in physical abilities.

Changes in the Cognitive Attributes. On the cognitive attributes, the respondents reported the following changes: declining memory ability, difficulty in remembering names, addresses, and numbers difficulty in comprehension, becoming absent-minded, and decline in mental activity. Decline in memory ability is specifically reported by the APA (1998) as one of the common age-related cognitive changes; that the speed with which information is encoded, stored, and received may decrease as an individual ages, and older persons may experience memory loss. APA also reported that long-term memory shows substantial changes with age, while short-term memory shows less age-related decline; and that most aspects of language ability remain strong, yet word-finding ability declines with age.

The Life Extension Foundation [LEF] (2014), however, revealed findings of several studies showing that cognitive decline does not affect all older persons equally, as there have been evidences that association exists between the rate and severity of cognitive decline and a variety of biological

factors, including free radical damage, chronic low-level inflammation, declining hormone levels, endothelial dysfunction, nutrition, excess body weight, other medical conditions, as well as an array of psychosocial functions such as anxiety and stress, lifestyle, social networks, physical activity, and general positive outlook or attitude in life. Many of these factors can be modified to a significant extent, and promoting proactive lifestyle changes, cognitive training, and nutritional interventions have been shown to decrease the rate of intellectual decay and potentially reverse age-related cognitive decline (LEF, 2014).

Changes in the Social Attributes. On the changes in the social attributes, the following were reported: increased tendency for reflection and reminiscing, limited contacts with family and friends, and greater interest in solitary activities. Interestingly, a good number of the retirees (40%) experienced withdrawal from previous social roles (e.g., attending gatherings, involvement in professional organizations) but rather has shifted interest into religious and socio-civic actions (30%). A recent study of Gong and Yu (2013) has shown that willingness of older adults for social participation has increased over time, but slowly and gradually decreases as the elderly gets older. The authors stressed that aging is an inescapable gradual process that leads to degradation of bodily functions and regressions to lower-level physiological and safety needs (e.g. health needs, protection from fall or harm, etc.). Gong and Yu, however, revealed that these changes in the social attributes are also influenced by various factors such as education, gender, health, and financial status. Social participation willingness and behavior among older adults are higher among females, married, have better perception of their health, those who are relatively financially stable, and better educated. One salient findings of the present study is the increasing interest in religious and socio-civic activities, which were consistent with Gong and Yu (2013). While Gong and Yu had found a decreasing trend in willingness to participate in paid work, volunteer participation has increased. In the case of the present study, the participants are highly educated and have sources of income which lead to having more resources to share and a greater likelihood of engaging in volunteerism and socio-civic engagement.

Stressors

Bereavement Stressors. On bereavement stressors, both the pre-retirees and the retirees experienced the death of spouse, death of son, and death of daughter as extremely stressful. Both also considered death of

mother, death of father, death of brother, and death of grandchild as very stressful and death of a close friend as moderately stressful.

Family-Related Stressors. On family-related stressors, rated as very stressful by both the pre-retirees and the retirees are: major change in family closeness, marital separation with child, and serious injury of a family member.

Work-Related Stressors. On the work-related stressors, both groups of respondents are very stressed with losing the job. The pre-retirees experienced trouble with superiors as very stressful while the retirees are more stressed with subordinates.

The above results conform with the findings of a pioneering investigation by Holmes and Raje (1967) on the impact of a wide range of common stressors. Holmes and Raje developed the Social Readjustment Rating Scale which is based on the observation that important life changes, whether positive such as marriage or negative, such as death of close friend all induce stress. Holmes and Raje identified the following stressors, which were similar to what the present research has found: Bereavement stressors such as death of spouse or close family member; Family-related stressors which include marital separation, son or daughter leaving home, personal injury or illness, change of health in family member, and trouble with in-laws; and Work-related stressors such as retirement, business readjustment, change to a different line of work, trouble with boss, change in work hours or conditions, change in responsibilities at work, and change in financial state. Other studies have also shown that advancing age is associated with new stressors emerging from changes in personal health, loss of spouse, and other difficulties (Gandee, et al., 1998). Furthermore, Maercker et al. (2008) had identified the following significant stressors commonly experienced by the older adults: divorce or separation, family conflicts, severe illness of relative, conflicts with colleagues, time pressure, leaving working life, and financial problems.

Abuses Experienced. About 5% to 9% have reported having experienced some form of physical abuse such as being pushed or shoved. However, a higher incidence rate of verbal and emotional abuses were revealed such as verbal assaults (14%), disrespect from a member of the family (15%), and ridicule and humiliating statements (18%). On financial exploitation, some have experienced misappropriation of money or property (between 10% to 20%), and theft of money/pension checks (15%).

The World Health Organization [WHO] (2002) reported results from few population-based studies that between 4% to 6% of the elderly people have experienced some form of abuse at home. There is inadequate information on the extent of abuse in elderly populations. Few population-based studies suggest that. Studies have shown that older people are increasingly becoming vulnerable to physical, psychological, financial maltreatment, and even sexual coercion (Macassa, et al., 2013).

Among the array of chronic stressors that people may confront in their daily lives, there is probably none more pivotal than economic hardships and strains (Kahn & Pearlin, 2006). In the study of Kahn and Pearlin, they have found out that the presence of financial hardship declines with age, with fewer than 20% reporting financial strain after age 35. The same was also found in the present study, where the pre-retiree and retiree respondents said they enjoy a better financial situation due to their employment status and retirement benefits.

Coping Mechanisms of the Older Adults

Stress may be due to life changes or alterations in one's living circumstances that require coping or readjustment. In general, the two groups of respondents frequently resorted to the following strategies: trying to see the positive side, praying for guidance and strength, studying the problem, talking to friends and relatives, preparing for the worst to come, keeping feelings to oneself, and engaging in exercise.

Specific strategies to help them cope with physical and physiological changes include accepting these changes with positive attitude, getting used to it, keeping oneself physically attractive, eating more regulating food or watching diet, engaging in regular exercise and relaxing activities. Of the physiological changes, the most-resorted adjustment mechanisms are exercising or walking every morning, regular check-up or consultation with medical authorities, avoiding fat and cholesterol-rich food, taking vitamins and food supplement, praying, and keeping a positive thought or attitude. For the cognitive changes, the older adults spend more time with activities that keep them mentally active, e.g. reading books, writing books and articles, teaching, maintaining reference or reminder notes, listening to soft or classical music, having enough rest or sleep, eating healthy food, and indulging in religious activities such as praying and reading religious articles. The older adults enhance their social being and relationships by allotting time for leisure with family and close friends, being active in

civic and religious functions (such as joining membership and officership of neighborhood associations, attending retreats and praying often), traveling, reading, watching television and movies, and gardening.

Other specific strategies indicated by some older adults are: meditating, viewing a panorama, writing letters to friends, attending regular physical check-up, doing creative work, recreational gambling, socializing, working with both young and old people, and accepting and appreciating oneself.

Significant Agreement in the Experienced Changes, Stressors, and Coping Mechanisms

Tables 2 and 3 present the calculated Kendall's Tau coefficients of correlation measuring the degree of agreement between the pre-retiree and the retiree respondents with regards to experienced changes, the stressors, and their coping mechanisms.

Table 2
Significant Agreement on the Changes Experienced by the Retiree
and the Pre-retiree Respondents

Changes in Attributes	τ	Sig.
Physical Attributes	.73*	.021
General Physiological Attributes	.64*	.042
Cognitive Attributes	.77*	.011
Social Attributes	.14	.651

* Significant at the $p < .05$; ** Significant at the $p < .01$

Results show significant agreement between the two groups on the experienced changes in the following attributes: physical attributes, $\tau = .73$, $p < .021$; physiological attributes, $\tau = .64$, $p < .042$; and cognitive attributes, $\tau = .77$, $p < .011$. Concordance on the experienced changes in their social attributes was low and not significant, $\tau = .14$, $p < .651$. The results implied that the pre-retiree group (the younger old adults) and the retirees have common experiences pertaining to the changes in their physical, physiological, and cognitive attributes, except in the social attributes.

Table 3
Significant Agreement on the Stressors and the Coping Mechanisms
of the Retiree and the Pre-retiree Respondents

Stressors	τ	Sig.
Bereavement	.69*	.018
Family-Related	.55*	.046
Work-Related	.33	.511
Physical and Verbal/Emotional Abuses	.77*	.012
Financial Abuses	.37	.602
Coping Mechanisms	.88**	.003

* Significant at the $p < .05$; ** Significant at the $p < .01$

In terms of stressors, significant agreement between the two older adult groups was found in the bereavement stressor, $\tau = .69$, $p < .018$; family-related, $\tau = .55$, $p < .046$; and physical and verbal abuses, $\tau = .77$, $p < .012$. No significant agreement was reported in the work-related stressors, $\tau = .33$, $p < .511$, and in the experienced financial abuses, $\tau = .37$, $p < .602$. The pre-retirees and the retirees agreed to a high extent in their coping mechanisms, $\tau = .88$, $p < .003$. The results suggest that pre-retirees and retirees have undergone stressful events related to bereavement and family. Two groups have different work status. They differ in the work-related stressors. The two groups resort to various cognitive and behavioral coping strategies.

CONCLUSIONS AND RECOMMENDATIONS

The academic-based older adults in higher education have positive self-concept and pleasant personality. They experience age-related changes, but the vast majority of them neither reported disability nor were observed to have functional limitations. They have been exposed to high levels of bereavement, family- and work-related stressors, but they have a variety of means and adequate resources that allow them to successfully adjust to the challenges of aging. It is alarming that despite being highly educated and professionals in the field of education, this group of older adults is also vulnerable to physical, psychological, and financial maltreatments. This study has contributed to the understanding of the state of the older adults especially those teaching in educational institutions. For the schools employing the elderly-retirees, knowledge of their cognitive, personality, and other attributes can help in their decisions for maximizing the experiences, wisdom and expertise of these senior faculty members.

The following recommendations are proposed:

1. The university older adults have sound personality. This positive view about one's self should have to be maintained and manifested in relating with people, as much as possible, in order to change the many negative stereotypes about the elderly. Other state universities and colleges should utilize the expertise of the retirees by hiring them as part-time faculty since this could help maintain and enhance the positive emotional and intellectual well-being of this sector of the elderly.
2. To keep with the changes in the physico-physiological attributes, the older adults have to maintain mobility but activities should be flexible, allowing for some degree of personal choice. Continue to view exercise and activity as a means of promoting and maintaining health. A regular program of daily exercise helps to slow the aging process and give the individual a great feeling of well-being. Physiological changes require that the older persons take up new activities gradually in order to give the body time to adjust to new situations. A regular visit to a medical doctor, a physical therapist, or reflexologist will help them be physically fit and may provide assurance or feedback on how their body is adapting to such changes. Attention should also be given to food preferences, cultural habits and individual eating patterns. Since the elderly sleep less, rest should be given importance even though they do not give the same number of hours of deep restful sleep as in earlier years. An involvement in constructive activities can relieve boredom. Various measures may be tried to facilitate relaxation, such as listening to soft music, reading, or thinking of happy experiences. The older adults should stick to a healthy diet, healthy living, healthy hobbies, and should continuously receive adequate family support.
3. The older adults, especially those in this sector, should continue spending time indulging in mental activities. They should spend time not only in reading but, if possible, in writing books. They should continue attending conferences and seminars concerning his/her special fields of interest and if possible, conduct and publish scholarly works and researches. Traveling and observation tours are forms of continuing education. Since the future generation of retirees will be better educated, they will be more likely to take advantage of educational programs and more likely to see their

value. Rapid social and technological changes will make some job skills obsolete, requiring individuals to learn new skills and keep current changes in the job requirements. This could also be true to the retiree and more so with the pre-retiree, so that they can maintain their intellectual activity.

4. The older adults should continue with their roles as teachers not only in school, but also in the community where they are residing. They can help in many social and civic activities serving as consultant, president or secretary, and an active member of community organizations. Their insights in conversations during social gatherings can help perpetuate wisdom and experience. They must find time for more relaxing and recreational activities and get closer with family members for support, specifically, emotional/psychological support.
5. Government and other non-government organizations should improve the provision of adequate services to this sector of the population. It is observed that the number of NGOs and other agencies that look into the concerns of the elderly are still very few compared to those who are working with other age-groups. The family as a basic unit of society shall, first and foremost, provide the necessary understanding, care and support to the elderly member by providing whatever assistance they can, and they must always be aware that the elderly also has an even more important need to satisfy—the need for independence and self-sufficiency. Schools, community and media must teach our children the value of respecting those who are older. They can also provide an effective vehicle to convey positive things about the elderly and help erase from our youth's minds the negative stereotypes about them.
6. Reports on the elderly abuse are not common. Incidences of abuse should be recorded and the appropriate authorities should give them more attention especially the elderly whose families may no longer be intact. Protection for the elderly and their rights should be given more attention. Lawmakers should enact more legislation providing funds and directing the government to establish specific programs for the welfare and protection of the elderly.

7. The findings of this study need confirmation by more objective parameters than self-assessment. Other research methods could be employed to provide better knowledge of strategies that would improve conditions for teachers in higher education. Likewise, further research that would contribute to the understanding of the phenomenon of aging in the Philippines should be conducted to serve as bases for future policies and actions.

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