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Gender and Coping Strategy as Predictors of Empty Nest Syndrome among Midlife to Late Adults in South East Nigeria

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Abstract

This research examined gender and coping strategy as predictors of empty nest syndrome among midlife to late adults in south east Nigeria. Using a cross-sectional design, a total of 248 (male = 73, female = 175) participants were selected from government agencies in Enugu state. The average age of respondents was 55.96 years (SD = 5.27, ranging from 51-62 years). Two hypotheses were formulated and tested using hierarchical multiple regression analysis. Results of the study revealed that gender had no significant relationship with Empty nest syndrome. While coping strategy (acceptance) had significant negative relationship with empty nest syndrome ($\beta = -.14, p < .05$). The findings were interpreted in line with extant literature, and the implications for clinical practice and research were highlighted.

Keywords: Coping Strategy, Empty Nest Syndrome, Gender, Midlife, Late Adult, South-East, Nigeria.

Introduction

Middle to late adulthood in most average homes in Nigeria are characterised by approaching retirement or retired, children completing higher education and leaving home for service, job searching, getting married, etc. The period of children leaving home, living apart from the initial close knitted family creates some sense of loneliness and depression among the parents that would be left behind. Even though there is relieve of financial and emotional burden of catering for their children's welfare, other needs begin to grow, like seeking for attention, need for assistance in daily life, and the perceived void of children all gone away. This scenario is what is called Empty Nest Syndrome (ENS). Symptoms of ENS may include depression, guilt, role confusion, anxiety, and stress (Bouchard, 2014;

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Grover & Dang, 2013). These symptoms can affect either parent regardless of gender (Hagen & DeVries, 2004; Mitchell & Lovegreen, 2009).

Some studies support the idea that the empty nest is actually a positive developmental experience for most parents, often characterized by reconnection with partners, improved self-care, and increased personal space and freedom to engage in desired activities (Bouchard, 2014; Grover & Dang, 2013; Mount, & Moas, 2015; Nagy & Theiss, 2013). But when considering parents who are negatively affected by ENS, studies consistently implicate life purpose searching, as critical in the development and maintenance of ENS symptoms. For example, parents with low source of income, ill-health and limited social relationships and/or roles outside the home (e.g., workplace and community) and those who became parents at an early age report a higher incidence and severity of ENS (Bouchard, 2014; Grover & Dang, 2013; Mitchell & Lovegreen, 2009).

According to Long and Martin (2000) 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 the society as a whole. 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 (Chen, Yang & Aagard, 2012). Population aging and empty nest syndrome together could be compared to a silent revolution that will impact on all aspects of society such as relationship among family members, government policies, and organizations that provide service to the older adults.

Research suggests that some parents are more susceptible than others in adjusting to empty-nest syndrome. People who experience empty-nest syndrome tend to have things in common. They face challenges such as establishing a new kind of relationship with their adult children becoming a couple again, after years of sharing the home with children, filling the void in the daily routine created by absent children, lack of sympathy or understanding from others who consider children moving out to be a healthy and normal event. The grief of empty-nest syndrome may be compounded by other life events such as retirement, redundancy and menopause. How they choose to adjust to empty-nest syndrome depends on the individual because it differs across gender (Mbaeze & Ukwandu, 2011). It

is commonly associated with mothers because it coincides with menopause which wreaks its own special havoc on the women's emotional state. If a woman has largely shaped her personal identity as that of mother, then an end to the reproductive years accompanied by a child leaving home can be traumatic.

Feelings of loneliness and social isolation are related to many disorders including cardiovascular disease, cancer and asthma, which suggests that it is very important to provide social and emotional support for the elderly across cultures (Liu & Guo, 2008). Support from spouses especially those who have lost a partner and also those who are together could decrease feelings of loneliness in the elderly. Moreover, research has suggested that it is very important to provide the elderly with more social support from friends, neighbours and other family members (Liu & Guo, 2007). The formation of a Senior Association is also effective, as it helps the empty-nest elderly to participate in social activities including singing, dancing, and sports.

A number of studies among the elderly have focused on loneliness and depressive symptoms. Loneliness is a negative affective state, experienced when a person perceives self as socially isolated or has little and/ or poor social interaction (Dyal & Valente, 2015; Hays & DiMatteo, 1967; Laursen & Hartl, 2013). Depressive symptoms are also common in the empty-nest elderly. A meta-analysis showed that depression affects 40.4% of the empty-nest rural elderly in China (95% CI 28.6% to 52.2%) (Xin, Liu, Yang, *et al.* 2014).

It is possible that social and medical problems of the empty nest elderly has been in existence but ignored. Researchers in other countries have conducted a considerable number of studies on the variables related to the psychological status of the empty nest elderly (Dennerstein, Dudley, & Guthrie, 2002; Deykin, Jacobson, Klerman, & Solomon, 1966; Fahrenberg, 1986; Lowenthal & Chiriboga, 1972; Pillay, 1988). However, few studies have focused on the association between social supports challenges among the empty nest elderly. The purpose of this study is to examine the loneliness of the empty nest elderly and to investigate the relationships between social support and empty nest syndrome among the elderly.

Joff and Bast (1978) posited that coping style is the manner by which an individual uses a cognitive adjustment behaviour method and strategy when they face stressful events, which is the result of the stability of individual factors and situational factors that interact.

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Andrews (1978) research showed that individuals are under highly stressful conditions if they lack support and lack ways to positively cope with situations, with their degree of mental health damage reaching 43.3%, which is twice that of the normal population (Andrews, 1978). Previous studies have indicated that elderly people who adopted positive coping styles had better mental health, whereas elderly people who adopted negative coping styles had worse mental health (Chen & Yao, 2006).

The relationship between coping style and mental health among empty-nest elderly has been revealed in previous studies (Jia, Shi, Zhou, Fu, 2007; Li, Zhang, Fang et al, 2010). However, few studies have focused on coping style and Gender as predictors of empty-nest syndrome among elderly people (Su, Zhou, Cao, Wang, & Xing, 2018). People who have experienced a loss and/or despair due to the empty nest syndrome, will need to take action rather than a reaction (responding instead of reacting) (Beaupré, Turcotte & Milan, 2006; Glenn, 1975; Mitchell & Lovegreen, 2009).

The individual is expected to prepare for the departure; by making sure that both the children and the parents are ready for that step. Also, the parent should understand the empty nest syndrome and recognize the early symptoms. Empty nest syndrome is a psychological condition that affects parents, results in a feeling of grief (feeling of loss, redundancy, unworthiness, and uncertainty about the future) due to their children's departure. It mostly coincides with other major events in life (e.g. Menopause, illness, or retirement). The transitional period takes time to have a normal life of seeing friends, getting out and about, or resuming some activities that get them back into the swing of things. Consequently, instead of grumbles and frustration, the parent should accept the new situation.

Statement of the problem

Although there is considerable research on quality of life of older adults and coping strategy but few studies have examined their impact on empty nesters. Life expectancy of Nigerians have increased significantly (World Bank Group, 2017), consequently, more people transit into late adulthood, the need to understand empty nest syndrome has become imminent.

The focus of this study is to understand empty nest syndrome and factors that could affect it. Understanding empty nest syndrome as a phase in adulthood in which most people will

experience, with this knowledge it would be worth it for individuals to understand the signs and how to cope.

Thus, this study seeks to answer the following questions:

1. Will gender predict empty nest syndrome?
2. Will coping strategy predict empty nest syndrome?

Hypotheses

In view of the research questions, the following hypotheses would be tested:

1. Gender would significantly predict empty nest syndrome
2. Coping strategy would significantly predict empty nest syndrome

Method

Participants

Participants in this study were comprised of two hundred and forty eight (248) mid-late adults in Enugu state capital (Enugu) of the South-East in Nigeria. Participants were purposively selected based on their age from government agencies in Enugu states. They have a mean age of 55.96 years, 175 females and 73 males. Two hundred and fifteen (215) were married while; thirty two (32) were single.

Instruments

Brief cope scale

The 28-item BRIEF COPE SCALE developed by Carver (1997) is an abridged version of the COPE inventory. It presents fourteen dimensions, all assessing different coping dimensions (e.g. Self-distraction, items 1 and 19, Active coping- items 2 and 7, Denial- items 3 and 8, Substance use- items 4 and 11, Use of emotional support- items 5 and 15, Use of instrumental support- items 10 and 23, Behavioural disengagement- items 6 and 16, Venting- items 9 and 21, Positive reframing- items 12 and 17, Planning- items 14 and 25, Humour- items 18 and 28, Acceptance- items 20 and 24, Religion- items 22 and 27, Self-blame- items 13 and 26). The respondents were asked to indicate how they have been responding to feeling of living without their children around. The response choices range from (1) 'I have not been doing this at all' to (4) 'I have been doing this a lot'. It can be used to assess trait coping (the usual way people cope with stress in everyday life), and state coping (the particular way people cope with a specific demanding situation). Each

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dimension is considered separately and not summed up with others. High scores on each dimension indicate high use of that strategy. The author reported an internal consistency index of each dimension: self-distraction=.71; active coping=.68; denial=.54; substance abuse=.90; use of emotional support=.71; use of instrumental support=.64; behavioural disengagement=.65; venting=.50; positive reframing=.64; planning=.73; humour=.73; acceptance=.57; religion=.82, self-blame=.69. Previous studies have found it to be a reliable and valid measure of coping strategy (Doron, Stephan, Maiano, & Le Scanff, 2011; Onyedibe, Onyekwelu&Ugwu, 2015). The researcher conducted a pilot test using 70 participants from Awka in Anambra state and it yielded a Cronbach alpha of .70.

Empty Nest Syndrome Scale (Chen, Yang & Aagard, 2012)

Empty Nest Syndrome Scale is a 12-item scale that measures signs of empty nest syndrome among mid to late adults. They assess the anxiety and challenges they face during this period. The response is a 5-point Likert option, from (1) strongly disagree to (5) strongly agree. For example “I can take care of myself”, “I would like to move near my children’s home”. The author reported a reliability index of .90. The researcher conducted a pilot test using 70 participants from Awka in Anambra state and it yielded a Cronbach alpha of .89.

Procedure

The researcher recruited and train assistants who administered the questionnaires in Enugu State. Research assistants were students who are familiar with procedures of field data collection. The research assistants gained access to the various agencies with the help of a staff. A convenient sampling technique was adopted as the preferred samples are adults who are from the age of 50 and above in the south eastern states of Nigeria. All participants were informed that their participation is voluntary and their data would remain confidential.

Designs/statistics

The study is a cross-sectional survey design and hierarchal multiple regression was adopted. SPSS version 21 (statistical package for the social sciences) was used for the data analysis.

Results

Table 1: descriptive statistic and zero order correlation

	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1 Gender			1																
2 Age	55.96	5.27	-.28**	1															
3 MS			.27**	-.00	1														
4 SD	4.92	1.27	-.04	-.05	.04	1													
5 AC	4.99	1.18	.00	-.11	.15*	.29**	1												
6 denial	4.38	1.20	.10	-.02	-.10	.03	.14*	1											
7 SU	4.84	1.45	-.08	-.02	-.15*	-.10	.04	.35**	1										
8 ES	5.22	.99	-.09	-.09	-.11	.19**	.11	.05	.13*	1									
9 IS	5.34	1.17	-.08	.05	-.01	.21**	.16*	-.03	.04	.28**	1								
10 BD	4.69	1.15	.03	.01	-.05	.10	.04	.27**	.33**	.04	.03	1							
11 Venting	4.78	1.16	.03	.00	.01	-.15*	.19**	.15*	.21**	.02	.04	.21**	1						
12 PR	4.61	1.12	-.05	-.07	.03	.08	.23**	.06	.06	.13*	.02	.16*	.09	1					
13 Planning	4.97	1.14	-.01	-.06	.10	.12	.21**	.19**	.03	.15*	.09	.06	.15*	.26**	1				
14 Humour	3.98	1.36	.03	.08	.09	.02	.10	.22**	.13*	-.09	-.12	.24**	.23**	.04	.06	1			
15 Acceptance	4.85	1.12	.03	-.03	.04	.05	.15*	.10	.10	.01	-.00	.18**	.17**	.15*	.18**	.20**	1		
16 Religion	6.21	1.51	-.06	.03	-.24**	.10	-.09	.04	.14*	.27**	.13*	.04	-.13*	.06	.14*	-.23**	-.07	1	
17 SB	4.50	1.29	.07	.00	.08	-.05	-.03	.26**	.30**	-.07	.07	.29**	.30**	.01	.11	.38**	.21**	-.04	1
18 ENS	43.82	3.39	-.03	.06	-.22**	-.00	-.20**	-.08	-.07	.14*	.03	-.01	-.10	-.04	.00	-.21**	-.16*	.24**	-.09

Note ** $p < .01$; * $p < .05$; Gender (0 = Male, 1 = Female); Marital Status (0 = married, 1 = single); SD=Self-distraction; AC=Active coping; SU=Substance use; ES=Emotional Support; IS=Instrumental support; BD=Behavioural disengagement; PR=Positive reframing; SB= Self-blame

The correlations in Table 1 showed that gender and age had no significant relationship with Empty Nest Syndrome (ENS). Marital status was negatively correlated with ENS ($r = -.22$, $p < .01$), married were coded '0' and single '1'. This means that married people were more likely to experience ENS than singles. Active coping showed to have negative correlation with ENS ($r = -.20$, $p < .01$), this means the higher the active coping the lower the ENS. Emotional support had a positive relationship with ENS ($r = .14$, $p < .05$), this means the higher the emotional support the higher the ENS. Humour had a significant negative relationship with ENS ($r = -.21$, $p < .01$) this means the higher the humour coping strategy, the lower the ENS. Acceptance coping strategy had a significant negative relationship with ENS ($r = -.16$, $p < .05$) this means that the higher the acceptance, the lower the ENS. Religion coping strategy had a significant positive relationship with ENS ($r = .24$, $p < .01$), the higher the religion coping strategy the higher the ENS.

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Table 2: Hierarchical Multiple Regression Table

	Step 1		Step 2	
	β	t	β	T
Gender	.10	1.46	.11	1.69
Age	.15	1.83	.15	1.88
Marital Status	-.25	-3.75**	-.11	-1.59
Self-distraction			-.00	-.01
Active coping			-.01	-.19
Denial			-.06	-.86
Substance use			-.02	-.26
Emotional support			.11	1.64
Instrumental support			-.01	-.15
Behavioural disengagement			.10	1.48
Venting			-.03	-.44
Positive reframing			.03	.45
Planning			.03	.51
Humour			-.06	-.86
Acceptance			-.14	-2.17*
Religion			.09	1.35
Self-blame			.06	.84
<i>R</i>	.32		.54	
<i>R</i> ²	.10		.21	
ΔR^2	.10		.054	
<i>F</i>	3.90(3, 239)**		1.20(14, 225)	

Note ** $p < .01$; * $p < .05$; Gender (0 = Male, 1 = Female); Marital Status (0 = married, 1 = single);

Results of the hierarchical multiple regression for the test of the Empty Nest Syndrome (ENS) is shown in Table 2. The variables were entered in stepwise models. The demographic variables (gender, age, marital status) in the Step 1 of the regression analysis

and marital status ($\beta = -.25, t = -3.75, p < .01$), had a significant relationship with ENS. The contribution of the demographics in explaining the variance in ENS was 10% ($\Delta R^2 = .10$).

In step 2, coping strategy (self-distraction, active coping, denial, substance use, emotional support, behavioural disengagement, venting positive reframing, planning, humour, acceptance and religion) only acceptance had significantly relationship with ENS ($\beta = -.14, t = -2.17, p < .05$). The contribution of coping strategy in explaining the variance in ENS was 5.4% ($\Delta R^2 = .054$).

Summary of findings

From the study it was found that

1. Gender was not a significant predictor of Empty nest Syndrome
2. Coping strategies (acceptance) was a significant predictor of Empty Nest Syndrome
3. Coping strategies (self-distraction, active coping, denial, substance use, emotional support, instrumental support, behavioural disengagement, venting, positive reframing, planning, humour, religion and self-blame) was not a significant predictor of Empty Nest Syndrome.

Discussion

The main objective of this study was to determine whether life satisfaction, social support and coping strategies would predict Empty Nest Syndrome.

The first hypothesis of the study was gender to predict Empty Nest Syndrome. The result of the regression analysis showed that gender was not a significant predictor of Empty Nest Syndrome. The hypothesis was therefore not rejected. The result was in line with some findings of previous studies (Mbaeze and Ukwandu, 2011; Kivett, 1979). The similarity between this study and previous studies could be as a result of the common cultural context. Some of the studies were conducted in Africa where gender role is similar. It could also be as a result of the understanding the respondents have about Empty Nest Syndrome, as long as the children are doing well, taking care of them financially and their health, they are happy but that sense of loneliness is the only thing that worries them. They might visit their children during *omugo* and possibly when they are sick.

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The second hypothesis of the study predicted a significant relationship between coping strategy and Empty Nest Syndrome. The result showed that acceptance coping strategy lowered Empty Nest Syndrome. The result is similar to previous studies (Duan, Dong, Zhang, Zhao, Diao, Cui, Wang, Chai & Liu, 2017; Heather, 2008; Enache, 2014; Su, Zhou, Cao, Wang, Xing, 2018). From the study it can be assumed that as parents accept the reality that their children are out to take care of themselves and immediate families, and preoccupy themselves with other distractions like religious activities, community services, or spend time in their hobbies the less likely for them to experience Empty Nest Syndrome.

Implication of the study

The research findings revealed the gender was not a predictor of Empty Nest Syndrome while coping strategies was a predictor of Empty Nest Syndrome. The results draw attention to the needs of the ageing.

Findings from this study have implication in practical, counselling and self-development of those ageing and approaching retirement. The gap in literature on African's Empty Nest Syndrome prevalence and management points to the needs lacking among growing number of Africa's ageing population.

From the study, it shows that among some Nigerian samples, gender has no clear relationship with Empty Nest Syndrome. This shows that there is no clear distinction between the experience of males and females to Empty Nest Syndrome. This could mean that both males and females both experience Empty Nest Syndrome.

As people grow older they need sensitization on the need to self-engage in activities that would reduce their solitary lives, like community based activities, hobbies, religious and even new career paths.

Limitation of the Study

This study has some notable limitations. Firstly, it is a cross-sectional research and has all the inherent weakness of this type of research design. The researchers suggests the adoption of longitudinal designs in future research to clarify the causal pathways and intensity of relationships between the study variables.

Secondly, the researcher used self-rated instruments; this limited the sample to only older participants excluding younger parents who could add clarity to the trend of events in the

lives of the participants. Also, adopting mix-method design could reduce the effect of self-rated survey design where more in-depth interview could throw more light to the areas of interest.

Conclusion

Does this study make any new contribution to ageing research? In the opinion of the researchers, the answer is in the affirmative. The contribution of this study is multi-fold. First, this study understudied Empty Nest Syndrome as one of its kind using Nigerian samples. Secondly, the study of gender and coping strategy clearly exposed the unique attributes of the study variables and which one clearly influenced Empty Nest Syndrome.

Finally, Empty Nest Syndrome among the ageing population can be alleviated by understanding the complex web of connections with factors like the adoption of some coping strategies.

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